DOCUMENT RESUME

ED 193 847 EC 130 806

AUTHOR	Deery, William J., Jr.
TITLE	A Model Designed to Meet the Impact of the Pennsylvania Right to Education Consent Decree for the Mentally Retarded.
PUB DATE	Aug 79
NOTE	168p.: Submitted in partial fulfillment of the requirements for the degree of Doctor of Education in The University of Sarasota.
EDRS PRICE	MF01/PC07 Plus Postage.
DESCRIPTORS	*Compliance (Legal): Delivery Systems: Elementary Secondary Education: *Equal Education: Literature Reviews: *Mental Retardation: *Models: Program Development: State Legislation: *State Programs: *Student Rights: Surveys
IDENTIFIERS	*Pennsylvania

ABSTRACT

The document reports on a study to design a model to meet the impact of the Pennsylvania Right to Education Consent Decree (particularly as it relates to the mentally retarded) through the following steps--a review of the literature, a review of existing information, a survey to determine the amount of impact in selected areas, and construction of a final model. In an introductory chapter it is noted that seven major areas of impact were selected for consideration: background of administrators, teachers, and paraprofessionals: personnel duties and responsibilities; programing: services; costs: parent and community involvement; and due process. Chapter II presents a review of the literature on important events which affected the final passage of the Pennsylvania Superior Court's decision favoring the Right to Education Consent Decree, and on research findings related to selected aspects from the literature considered germaine to the model design. Study procedures are outlined in Chapter III, and a fourth chapter addresses survey findings. Among the findings, which are summarized in a final chapter, are: experience and certification in the field of special education are considered imperative qualities for professionals responsible for the implementation of the Consent Decree; the special class teacher will be a prime force in the development of special education programs for the retarded pupil: and parent involvement should be made an integral part of the implementation of the Consent Decree, and particularly in the area of programing. Appendixes include a copy of the Amended Consent Decree, a list of consumer publications on the right to education, and sample questionnaires. (SBH)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED193847

U S DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
NATIONAL INSTITUTE OF
EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

A MODEL DESIGNED TO MEET THE IMPACT OF THE PENNSYLVANIA RIGHT TO EDUCATION CONSENT DECREE FOR THE MENTALLY RETARDED

by

William J. Deery, Jr.

Committee:

William E. Gorman, Ed.D.
Dissertation Advisor

Donald R. Gillette, Ph.D.

John C. Lynch, Ph.D.

Gerard J. Heing, Ph.D.

David M. Delo, Ph.D.

Submitted in partial fulfillment of the
requirements for the degree of Doctor of Education in
The University of Sarasota

August, 1979

EC130806

"PERMISSION TO REPRODUCE THIS
MATERIAL HAS BEEN GRANTED BY
William J
Deery Jr.
TO THE EDUCATIONAL RESOURCES
INFORMATION CENTER (ERIC)."

Acknowledgments

The guidance and direction this writer has received has been invaluable in the completion of this dissertation.

The author is particularly grateful to Dr. William Gorman, the Dissertation Director, for his expertise and encouragement as the study progressed.

Special thanks to the many people who participated in the two questionnaires, and gave me their expert opinions and suggestions.

Particular appreciation for the many hours of patience, labor, and advice given by Dorothy Deery, my wife, who typed the entire dissertation.

And finally, to my children, William, David, Susan, and Sandra, who participated in the project with their positive suggestions and attitude.

Table of Contents

Acknowledgments

Chapter I - Introduction 1
  Need for the Study 3
  Purpose of the Study 5
  Problem 7
  Delimitation 7
  Definitions 7

Chapter II - Related Literature 12
  Events Leading up to Consent Decree 12
  School Age Retarded Population 19
  Other States Legislation - Rights of Retarded ... 21
  Qualifications of Special Education Personnel ... 25
  Right to Education Classroom Programs 31
  Pennsylvania Policy Statements 33
  Financing Special Education 34
  Special Education - Part of Collective Bargaining 36
  Accountability and the Educator 37
  The Severely and Profoundly Impaired 38
  The Local Task Force on Right to Education 40
  Public Law 94-142 41
  Mainstreaming 43

Chapter III - Methodology 46
  The Basic Plan 46
  Pilot Questionnaire and Questionnaire I: Procedures 47
  Selection of the Sample 49
  Collection of the Data 50
  Initial Model Development Questionnaire II: Procedures 51
  Final Model Development 51

Chapter IV - Findings 52
Tables Related to Questionnaire I 52
Rationale for Final Model 91
Final Model 92

Chapter V - Summary, Conclusions and Recommendations 97
Summary 97
Conclusions 100
Recommendations 101

Appendices:
A - Amended Consent Decree 102
B - Right to Education - Consumer Publications.. 105
C - District 8 - Special Classes Retarded 109
D - Evaluation Form (COMPILE) 115
E - Notice of Proposed Change in Education Assignment - Due Process Stipulation 130
F - First Draft Questionnaire I Pilot Copy 135
G - Cover Letter for Final Questionnaire I 143
H - Final Questionnaire I 144
I - Final Questionnaire II 151

Bibliography 159

Chapter I

Introduction

The basis for the Pennsylvania "Right to Education Consent Decree" of 1972 was the 1954 Brown vs. Board of Education case, in which the Fourteenth Amendment prevailed in these words, "a state would have no right to segregate its pupils on the ground of sex or on the ground of age or on the ground of mental capacity."

It was on this premise that the Pennsylvania Association for Retarded Children et al. filed its case in the Federal District Court on January 7, 1971.

The case was in court from October 7, 1971 to May 5, 1972. During this period of time, many protests and objections to the Consent Decree were filed and heard by the judges. Stemming from these arguments were issues that would cause a tremendous impact on the school districts throughout the Commonwealth of Pennsylvania, and eventually affecting most states throughout the nation.

Prior to the establishment of the Consent Decree in 1972, full educational opportunity for the mentally retarded of school age in the United States was practically non-existent. The consent agreement complied totally with school law and insured that there can be no interpretation of that law designed to exclude children from an educational program on the basis of their intellectual functioning. The no exclusion component of the agreement was known as the "zero reject" system of free public education and training for mentally retarded persons between the ages of six and twenty-one years. No school district could postpone, terminate, or in any way deny the right to a program of free public education and training to any retarded child.

History was made on May 5, 1972, when "The Right to Education Consent Decree," was signed into law. (See Appendix A)

A final date for implementation of the law was established by the court judges on October 15, 1972.

Some immediate major obstacles to implementation were, as stated by Lippman and Goldberg (1973), "Recruiting teachers and other specialists, training new employees, finding space for all new classes, and financing." Other obstacles to implementation appeared on the scene in a very short time. This study has attempted to show the impact on District Eight, School District of Philadelphia, of the Consent Decree, and thus to provide the information necessary to construct an ideal model for meeting similar future impacts.

Among the major areas of impact selected for consideration in this study were:

1. Background of administrators, teachers, and para-professionals.
2. Personnel duties and responsibilities.
3. Programming
4. Services
5. Costs
6. Parent and community involvement
7. Due process

Publications which have served as a chief source of information for many parent/child advocates in implementing the Consent Decree are listed herein. (See Appendix B)

Need for the Study

The writer determined, upon a review of the literature and through his own involvement as a practicioner in the field of special education, on a regular basis, that an attempt should be made to determine what impact the passage of the Pennsylvania "Right to Education Consent Decree" had on a large urban school district.

At the time of this writing, research related to the specific element of the Pennsylvania Right to Education Consent Decree was rare, although a great deal of literature was available on the general subject of the education of the mentally retarded.

Progress for the rights of the mentally retarded in public schools had been almost nil up to the time of the Consent Decree of 1972. Most of the progressive movement was made outside the public school systems by advocate groups, such as, Council for Exceptional Children, International League of Societies for the Mentally Handicapped, Pennsylvania Association for Retarded Children, and individual parents and professionals in the private sector concerned with the rights of the handicapped.

Prior to September of 1972, the public schools in Pennsylvania excluded thousands of mentally retarded children. Gilhool (1973) stated that 14,267 retarded children throughout the Commonwealth of Pennsylvania, as of 1971, were denied public schooling.

At the time of the inception of the Consent Decree, the School District of Philadelphia was following a defined policy of excluding certain mentally retarded children from public school enrollment based on mental age and determination by a certified school psychologist that the child was uneducable and untrainable. (School District of Philadelphia, 1958 Guide for Educable Mentally Retarded)

It was practices like exclusion from public schooling, the need to develop positive attitudes toward mentally retarded children, and upgrading the qualifications of the professionals who would instruct the mentally retarded in the public schools that composed the plan of attack of the "consumer" movement.

Goodman, (1976) stated, "It was this matter of exclusion that parent organizations and other advocacy groups, beginning in the early 1960's, selected as their principal target."

Now that the law had been firmly established and "The Right to Education" made a promise, the writer decided it was time to reflect on the impact of this major example of civil rights legislation on District Eight, School District of Philadelphia.

Purpose of the Study

The purpose of this study was to design a model to meet the impact of The Right to Education Consent Decree.

The School District of Philadelphia is composed of eight separate districts, each one under the leadership of a district superintendent. A special education supervisor is part of each district's staff. The Division of Special Education is a central office administered program under an Executive Director who is responsible to the Superintendent for the entire school systems eight districts.

District Eight is located in the far northeastern section of the city. It has the largest concentration of homeowners in the city, and also the largest middle class socio-economic population at the inception of the

Consent Decree. In 1972, District Eight had a total pupil population of 40,539. The total enrollment for all eight districts was 272,903 pupils. Of this number, there were 6,277 mentally retarded pupils city wide. District Eight had a total of 362 mentally retarded pupils for the year 1972. It is interesting to note also that in the school years 1971 to 1976 there was an increase of classes-pupils. Tables I, II, III, IV, V, and VI present data related to special education enrollments for pertinent schools in District Eight from 1971 through 1976. (See Appendix C)

Parent involvement in District Eight, in matters dealing with the advocacy of retarded children, was extremely active. Many of the leaders in the local organizations supporting the rights of the handicapped came from within the geographical boundaries of District Eight. "In seeking redress, this 'consumer' movement turned to two of the most basic of democratic instruments--the State legislatures and the Courts." (Goodman, 1976)

As of October 1972, some 110 children needed an immediate placement in classes for the mentally retarded in District Eight. Placing this number of children with a zero time-line created an impact of tremendous proportions.

Problem

As a result of the Pennsylvania Consent Decree Case, a number of areas of impact on District Eight, School District of Philadelphia were identified.

Included in these were the following:

1. background of administrators, teachers, and para-professionals
2. personnel duties and responsibilities
3. programming
4. services
5. costs
6. parent and community involvement
7. due process

Delimitation

The study was delimited to the impact of the Pennsylvania Right to Education Consent Decree on the School District Eight, School District of Philadelphia.

Definitions

Intermediate Unit: Any school district in Pennsylvania established by the state to receive monies to deliver services for the special child. Philadelphia is I.U. #26.

Catchment Area: Geographical area in which registrants may receive the services of a mental health/mental retardation base services unit.

Due Process: Individual look and scrutiny, individual record, and individual judgment - procedure followed to insure proper evaluation, classification, and placement of a handicapped child.

COMPILE: Commonwealth Plan for Identification, Location and Evaluation of Mentally Retarded Children. Pennsylvania Department of Education 1972.

COMPET: Commonwealth Plan for Education and Training of Mentally Retarded Children. Pennsylvania Department of Education 1972.

I.E.P.: Individual Educational Planning. This is the heart of P.L. 94-142. Every handicapped child will eventually have such a planned program with established annual goals and objectives.

State and Local Task Force: "Watchdog" group consisting of 51% consumers and 49% professionals and educators. They monitor the regulations of the Consent Decree.

Advocate: Any person or agency that will support the cause of the handicapped.

Zero Reject: No school district may postpone, terminate, or in any way deny the right to a program of free public education and training to any retarded child.

Right to Know: Right of a parent and the student with parental permission to have access to pupil information, and the right to challenge validity of information contained in records.

Mainstreaming: An educational process which insures to the maximum extent appropriate that handicapped children are educated with non-handicapped children.

Least Restrictive Environment: Handicapped children must be educated with non-handicapped children to the maximum extent appropriate.

Litigation: The major recourse used by advocate groups on their lawsuits and court actions on behalf of handicapped children.

Categorical Funding: Funding that comes from the state and local school agencies, and must be totally spent on special education programs/services.

Decentralization: Administrative process whereby certain central office programs and services operate in a decentralized fashion. A large district, Philadelphia, is sub-divided into 8 smaller districts. School District

Eight is one of these divisions operating under the leadership of a district superintendent.

Right to Education Consent Decree: Recognized a right to education for mentally retarded children and provided for due process hearings to protect that right.

Public Law 94-142: Expands and revises Part B of the Education of the Handicapped Act, This law provides all handicapped children with a free appropriate public education.

Handicapped Pupil: A child who is mentally retarded, hard of hearing, deaf, speech impaired, or children with specific learning disabilities, who by reason thereof require special education and related services.

Severely and Profoundly Impaired: Individuals with an IQ score generally lower than 30, and whose adaptive behavior is severely impaired.

Trainable Mentally Retarded: Individuals whose disabilities are such that they are incapable of meaningful achievement in traditional academic subjects but who, nevertheless, are capable of profiting from programs in self-care, social and simple job skills. This group of mentally retarded obtain IQ scores of 30-55.

Educable Mentally Retarded: Individuals whose IQ scores generally range from 55-80. They are able to learn to read, write and do arithmetic at about the 3rd to 5th grade level, sometimes higher. This group can reach a level of economic self-sufficiency as an adult.

Each of the foregoing definitions was taken from the Manual of Special Education, District Eight, School District of Philadelphia.

Chapter II

A Review of Related Literature Introduction

In this chapter a review of the literature covered two major divisions:

1. A capsule history of the important events which affected the final passage of the Pennsylvania Superior Court's decision of May 1972, favoring the Right to Education Consent Decree and,
2. Research findings related to selected aspects from the literature which were considered germaine to the model design provided through this research.

Brief History of Events Leading Up to the Right to Education Consent Decree

Though the evolution of the Pennsylvania Right to Education Consent Decree of 1972 began with Brown vs. Board of Education case of 1954, the President's Panel on Mental Retardation, 1963 laid down another broad principal, "Our basic position is that all rights normally held by anyone are also held by the retarded."

Actually, Federal support for the handicapped goes back a century and more to 1864 and the establishment in Washington, D.C., of Gallaudet College, serving the deaf. Valuable though this action was, however, it did not betoken a Federal commitment to the education of the handicapped. Nor did an action taken in the 1930's when the U.S. Office of Education, by then more than 60 years old, first assigned a member of the staff to monitor the condition and progress of "special education." (American Education, June 1976)

A significant shift in posture was inconspicuously launched in 1954 when the Congress passed legislation providing for cooperative research in education, a proposition regarded with such minimal enthusiasm that it was not funded until 1957. A sum of $675,000 was earmarked for research having to do with the education of the mentally retarded. This was the first time that the Federal government acted in such a manner for the mentally retarded population. Subsequently, thanks in large part to the activities of the advocacy groups, of whom reference will be made later on, and particularly to statements and continued support by such national leaders as John F. Kennedy and Hubert H. Humphrey, the interest was mounting in the tedious movement toward full rights for the retarded.

In 1967 the International League of Societies for the Mentally Handicapped held a symposium in Stockholm, Sweden. Some 30 representatives of 14 national member societies of the League formulated a Declaration of Rights of the Mentally Retarded. Article 3 of the Declaration states: "The mentally retarded person has a right to economic security and to a decent standard of living." (PRISE Reporter, No. 5, September 1973)

In 1968, the International League of Societies for the Mentally Handicapped adopted a "Declaration of General and Special Rights of the Mentally Retarded." This document created a positive image about mentally retarded persons.

> Article I - the mentally retarded person has the same basic rights as other citizens of the same country and same age. Article II - The mentally retarded person has a right to proper medical care and physical restoration and to such education, training, habilitation, and guidance as will enable him to develop his ability and potential to the fullest possible extent, no matter how severe his degree of disability. No mentally handicapped person should be deprived of such services by reason of the costs involved.

Within the boundaries of the United States, it was not until 1954 that New Jersey became the first state to require a free public education for all youngsters in the trainable classification (IQ's ranging from 35-50). By 1972, about half the states stipulated that school districts must educate trainable children.

The organization of professional workers in special education, and the largest group of its kind, the Council for Exceptional Children, at its 1971 convention, adopted a policy statement that asserted and spelled out "Basic Commitments and Responsibilities to Exceptional Children." The opening paragraphs laid out the concept:

> Education is the right of all children. The principle of education for all is based on the philosophical premise of democracy that every person is valuable in his own right and should be afforded equal opportunities to develop his full potential. . . . Because of their exceptionality, many of the children need to begin their school experiences at earlier ages than are customary for children in our society, many need formal education services well into adulthood, and many require health and social services that are closely coordinated with school programs.

Much of the current philosophy and goals of special education are found in the preceding policy statement.

In addition, some of the required services for exceptional children contained in the individualized education program (I.E.P.), which was a major section of P.L. 94-142 passed in 1975, were also listed in that statement of the Council for Exceptional Children. The ingredients for the impact of the Consent Decree were appearing in greater volume as each new pronouncement appeared in support of the mentally retarded.

It was quite evident from the foregoing words of noteworthy organizations that the basis for the development of a new "right" in our national thinking, and our monumental "Bill of Rights," was namely, "The Right to Education."

The Board of Directors of the National Association for Retarded Children, in April 1971, adopted some policy statements on the education of mentally retarded children that dealt directly with the inequalities which existed within the public school systems of the nation. The group listed some seventeen inequalities. Some of the major concerns were:

1. administration of services
2. classification and placement
3. integration-segregation
4. early education for the retarded
5. appropriateness and scope of school curricula
6. qualifications of special education teachers

7. class size, and
8. supportive services.

"As a result of the many injustices in the education and treatment of exceptional children, over 30 lawsuits have been filed on their behalf since 1967." (Theimer, Rupiper, 1975)

The case for the retarded child was gaining national support.

Education of the exceptional children must be considered an inalienable right.

No longer could such claims as that made by the Commonwealth of Pennsylvania and others that the retarded children who had been denied a free public education were "uneducable".

The Pennsylvania Association for Retarded Children introduced testimony to prove that such children can and will learn if given a proper program of education. The earlier this education begins, the greater their achievement will be.

Two landmark court cases were able to support the cause for the retarded. Much of the testimony presented to date was the foundation for these cases. "The PARC case in Pennsylvania and the Mills Case in the District of Columbia both found that "total exclusion of handicapped children violates the equal protection clause of of the Fourteenth and Fifth Amendments." (Sheldon, Sherman, 1974)

One of the most important civil rights developments since the end of World War II was the Right to Education movement for the retarded school age population of the United States.

When the Consent Decree was finalized in 1971, the most massive child search program ever, was launched.

In October 1971 - Herbert Goldstein, Ed.D. and Dennis Haggerty, Esquire, two Masters appointed by the Superior Court of the State, were assigned to see to it that the orders and injunctions of the Consent Decree were carried out, (see Appendix A). They reported to the judges on May 1972 that the Commonwealth divide the court's order into two phases--Phase I (COMPILE), Phase II (COMPET). The School District of Philadelphia was to search the records for all children with birthdates from 1950 forward--retarded or thought to be retarded who were not enrolled in school.

It was such court mandates that helped place the wheels of justice into motion for the retarded population of Philadelphia.

> The Masters found Philadelphia guilty of 'willful non-compliance' and asked the court to direct them to comply. It was not until February 1973 (a full

> six months behind schedule) that the Masters were satisfied that Philadelphia had begun to move toward compliance with its identification and evaluation obligations. (Kuriloff, Truce, Kirp, Buss, 1974, p. 37)

School Age Retarded Population

U.S. Office of Education reported in 1978 that approximately 12 percent of all school age children are believed to be handicapped. However, the Office of Education reported that 25 states served 6.94 to 11.19 percent of their handicapped, 12 states served 6.00 percent to 6.93 percent, and 13 states served 1.62 percent of 5.99 percent. The national average served was 6.94 percent. (Education of the Handicapped, November 22, 1978)

According to the U.S. Office of Education, approximately 2.3 percent of all school age children are believed to be mentally retarded. However, according to the Office of Education many states have not come close to identifying and serving 2.3 percent of their school age populations as mentally retarded.

Sixteen states, including Pennsylvania, had identified and served 1.6-2.2 percent of their school age mentally retarded population as of 1978. The U.S. average percentage served was 1.6. Eight states had identified and served only 0-1.0 percent of their mentally retarded. (Education of the Handicapped, December 20, 1978)

"By August 1973, there were 21,467 possibly retarded children identified in the Commonwealth of Pennsylvania." (Kuriloff et al. 1974, p. 37)

The PARC agreement mandated that the retarded children be evaluated and placed by September 1972. For this purpose the Right to Education Office developed a comprehensive 14 page evaluation form. (See Appendix D)

The Pennsylvania Department of Education in its Basic Education Handbook - 131-000 - Form letter for Due Process Hearings - Notice of Proposed Change in Education Assignment (see Appendix E), carried out one of the most important aspects of the Consent Decree, namely the due process procedure. The notice very clearly told the parent that he/she had the right to question the placement and evaluation of their child, and also the right to legal representation at a hearing.

The needs of these children would place new unfamiliar strains on the resources of the schools. The effects were felt at the outset, especially in the three areas of personnel qualifications, acceleration in the number of new classes established, and the attitudes of the special education personnel toward this new category of exceptional child.

Of the three areas of impact, the area of attitudes of special education personnel has been quite well researched. Very little research has been developed in the area of qualifications of special education personnel, and almost nothing has been written related to new classes established to meet the Right to Education mandates.

Other States' Legislation Related to the Rights of the Mentally Retarded

The Massachusetts Legislature set forth in Chapter 888, 1970, An Act Revising the Law Relative to the Admission, Treatment, and Discharge of Mentally Ill and Mentally Retarded Persons (Revised Chapter 123), on institutional and community programs for the mentally retarded. The President's Committee on Mental Retardation, in MR 71: Entering the Era of Human Ecology, gave special recognition to this legislation. In this statute the cases of the institutionalized residents were annually reviewed, thereby lessening the possibility of one's becoming overlooked in the institution:

> Although Chapter 888 has created a new status and new rights for the mentally retarded by both the periodic review provisions and by its statement on legal and civil rights, no departmental,

> legal, or judicial safeguards have been built into the program to assure that these rights are protected. (Gelman, 1976)

An act that was similar to the Pennsylvania Right to Education Consent Decree in many ways, was passed two years later, in Massachusetts, called the Bartley-Daly Special Education Act of 1972 (Chapter 766). It was scheduled for implementation in September 1974.

One major dissimilarity to the Consent Decree was that Chapter 766 had its roots in the grievances expressed by a group of low income parents against the way schools were treating their special needs children. It accorded considerable emphasis to parental involvement, and the requirement that facilities and materials for special classes be equal to those for regular classes.

Chapter 766 called for a comprehensive evaluation of the child, individualized and educationally effective programming, frequent re-evaluations, strong parental involvement, an explicit due process system by which parents can appeal decisions, and advisory commissions of parents and professionals. All handicapped children between the ages of three and twenty-one, are entitled to an educational program in a setting that maximizes contact with their non-handicapped peers.

Budoff, 1975, stated, The process of change leading to Chapter 766 was not always pleasant for the people involved. But, by comparing special education practices at the state and local levels seven years ago when the process began, to those that will follow full implementation of the reform, one can see that the rewards have been immense.

When Chapter 766 was signed by Governor Francis Sargent on July 18, 1972, there was a two-year transition period that was devoted to redesigning the delivery system for special education services. Kimball (1974) stated in regard to Chapter 766 that by all estimates the law will be ushered in amid both high expectations and fiscal confusion, determination and evasion, conviction and scepticism, optimism, and pessimism. This held true for Pennsylvania, as well, in 1972.

U.S. Office of Education Commissioner Sidney Marland (1972) estimated that during the 1971-72 state legislative sessions in the area of special education alone, 899 bills were introduced and 237 passed. Of the 237, eighty-six were described as major bills (Bolick, 1976). In 1972 almost 70% of the states had adopted mandatory legislation requiring the education of all eligible handicapped children as defined in each state's policies. Abeson and Ballard, 1976, in the same survey found that all but California and Ohio had adopted some form of mandatory legislation. (Weintraub, 1976) The survey further revealed that 37% of the 50 states with mandatory legislation adopted their current special education legislation since 1970.

It was interesting to note that concurrent with this upsurge in litigation that provisions were made for appropriate education opportunities for handicapped children. The surge of mandatory legislation which began with the landmark Pennsylvania Right to Education Consent Decree of 1972 was highlighted with the most outstanding piece of civil rights legislation ever in this country, namely P.L. 94-142 the Education for All Handicapped Children Act was aimed at terminating the unconstitutional exclusion of handicapped children from the public education system.

As a prelude to P.L. 94-142, the Education Amendments of 1974 (P.L. 93-380), Congress ordered states to develop guarantees that all handicapped children are assured of procedural safeguards in all decisions regarding identification, evaluation, and educational placement. In these same areas Abeson et al. (1975) found in a 1974 review of state law that 12 states had specific laws regarding the process and 13 others required the same through administrative policy. (Weintraub)

As of the start of 1974, New York State was the only state in the nation which provided neither extra weighting in its state aid formula nor categorical aid to local school districts for the education of handicapped children. Philadelphia was receiving categorical funding for special education during the period of time that covered the implementation of the Consent Decree. It created an easy flow of state monies for the school district at a time when new and costly programs for this new wave of exceptional children were entering the school system. The New York State Legislature in 1974 was also considering legislation that would permit a local school district where they could not provide an adequate program to the severely handicapped to send these children to a training center as a state pupil.

While the School District of Philadelphia was already programming for handicapped children in 1972 as a result of the passage of the Consent Decree, the State of Ohio's Senate defeated a bill in March 1975, which would have required the school districts' plans to meet the educational needs of these children.

Qualifications of Special Education Personnel

The Commonwealth of Pennsylvania authorities agreed to the court order of the Consent Decree, yet the local school boards often were not able to supply the specialized teachers in order to carry out the necessary requirements of the edict. As early as 1964, the School District of Philadelphia was having difficulty securing fully prepared teachers in the field of the mentally retarded. The Odell Report, February 1965, pg. 248, stated, "Presently more than a third of its teachers have not had special education preparation for this work." This report was requested by the Philadelphia Board of Education in order to make an in-depth evaluation of the school system.

In order to meet this crisis situation in the area of special education, the federal government during a five year period, 1969-1974, assisted the state in training 35,000 special education teachers. (U.S. News and World Report, 1974)

The Interim Certificate was widely used by the School District of Philadelphia in the early 1970's in order to acquire needed special education teachers. This certificate was acceptable for course work in the field of the mentally retarded at a regionally accredited institution of higher learning which was approved for teacher preparation. The Interim Certificate was known as the Instructional Certificate I (Provisional). This certificate was valid for 3 years, and renewable for an additional 3 year period upon completion of 12 semester hours of post-baccalaureate study. The 12 semester hours may be satisfied in whole or in part through approved in-service programs.

No school which had special classes in School District Eight at the inception of the Consent Decree was administered by a principal who had a special education course. It was important to make this statement, because many of these schools were going to have special classes for the first time. These programs required a special knowledge on the part of the administration in order to train the school personnel, request special equipment, supplies, and instructional aids, and to relate to the many concerns and problems of a special education nature.

The School District of Philadelphia's Personnel Division advertised in all the local newspapers and some out-of-state publications for all classifications of personnel to program for the mentally retarded during the months of September through November, 1972. Opportunities to teach in classes for the mentally retarded were offered provided the applicants promised to attend staff development sessions and to complete college training that led to appropriate certification. Other classifications such as, classroom aides, bus attendants and social workers, were offered in-service training by local colleges and the school district.

Lippman, Goldberg, 1973, pg. 72, stated in reference to this particular issue:

> An implication of the Pennsylvania 'Right to Education' case that caused concern to knowledgeable people in the field . . . was the massive demand it would create for additional personnel . . . . The Pennsylvania Department of Education was faced with the task to train others for the new specialized task, and to find and train teachers and the others needed to implement the court order.

The implementation of the Consent Decree brought with it the need to service a retarded category never before programmed in the public schools, namely the severely and profoundly retarded/impaired (S.P.I.). This retarded population of children caused the greatest challenge and required the most extensive modifications in rendering special education services. Lent, 1975, addressed this issue by stating, "But, now that these new handicapped citizens are in the schools, what in the name of Dewey will we do with them?"

A 1975 survey was conducted by Russo and Stark to determine how many states were offering teacher certification in the area of the severely/profoundly handicapped. Their survey indicated that 23 states had no plans for developing such a certification and did not feel there was a need to do so. Only four states at the time of the survey offered such a certification.

The National Association for Retarded Citizens - Research and Demonstration Institute, 1976, in a research project related to the subject of teachers of the severely retarded found that:

> The majority of teachers have not been prepared to work with severely handicapped students. In some cases, non-certified teachers have been employed and continue to work without proper supervision or supportive services.

This same organization (NARC) has adopted several standards for teacher certification. They recommended that teachers have a bachelor's degree that certifies competencies in: (a) a basic body of knowledge of mental retardation; (b) methods and techniques for teaching mentally retarded persons; (c) curriculum for mentally retarded students; and (d) demonstration of teaching competence with mentally retarded students. (Mental Retardation News, 23, (1), 1974)

The seriousness and extent of the problem of untrained special education professionals was magnified in a 1976 article, Mainstreaming: Helping Teachers Meet the Challenge, which concluded a majority of the ten million teachers now in the schools have had little if any training in the education of handicapped children. It also appears that the majority of students now in preparation in the field of education are receiving little training in the education of handicapped children.

The Pennsylvania Association for Retarded Citizens in a report titled, The Status of Right to Education After Four Years, Buchanan, Strully, May 5, 1976, made a proposed certification policy in rebuttal to the then currently proposed certification policy of the Pennsylvania State Department of Education, which called for one comprehensive certification. Such a certification was much too broad, was their opinion. They made the analogy of the license of a general practicioner to cover the entire health care field to that of special educator performing intensive and individualized instruction to children of all exceptionalities. They concluded that the children were most likely to suffer the ill effects of such a broad certification, and that all special education personnel be given mandatory, periodic, intensive in-service training programs to better equip them to deal with the problems of educating the handicapped.

Finally, in addressing this issue, Dr. Thomas Stephens, Ohio's Special State Task Force Chief, stated that the implications of a survey of teacher education programs as they relate to the special education concepts teachers need under P.L. 94-142, are that pre-service training of teachers will have to change radically, and teachers currently in service will need to be retrained to comply with the legislation. (Education of the Handicapped, December 20, 1978)

Right to Education Classroom Programs

The 1972 Pennsylvania Right to Education Consent Decree stated in part that "the Secretary of Education and . . . each school district and intermediate unit is enjoined to provide . . . to every retarded person between the ages of six and twenty-one . . . access to a free public program of education and training appropriate to his learning capacities." Unfortunately for many people involved in the implementation of the Consent Decree, one of the major obstacles was the finding of space and establishing new programs for the school age retarded population.

The court order was finalized in May 1972, and the date for implementation was October of the same year. School officials throughout the state of Pennsylvania, including Philadelphia, were faced with a court order that called for accelerated action. Mentally retarded children who were excluded from the public schools only yesteryear because they were labeled "unteachable" were now recognized to be teachable.

Prior to May 1972, the public schools of the United States had little history of serving the profoundly handicapped. They were placed in the position of implementing programs without adequate preparation. The severely retarded required a very special "special" program.

"Trainable level and other severely retarded children generally need even more individualized instruction than those designated as educable (who also need more than they get)." (Lent, 1975). He further stated, "As a group, these children will have severe language deficits, both receptive and expressive." It was for this special language deficit that all of the newly established classes under the Consent Decree had to include various degrees of sign language and gesturing in the curriculum.

Lent, in the previous reference, offered a possible solution to the need for intensive individualized instruction. In brief, Lent's model was described as follows: One professional-level person-teacher, would manage the activities of several non-professional but highly skilled trainers. These trainers-teacher-aides, can perform nearly all the functions of skill training required by the retarded if they are given adequate direction and functional teaching materials. His model called for a rearrangement of the training/learning environment to allow for intensive individualized instruction and appropriate group activities to occur simultaneously and sequentially. In one room there may be a variety of learning stations. One such room may have a variety of learning stations at which several pairs of trainers and learners are concentrating on personal appearance and personal hygiene skills. There may be a group activity room next to the intensive individual training room for children who have earned credits in skill training. Another room in this complex may be arranged for individual presentations of pre-academic and academic learning tasks, such as discrimination of colors, sizes, and shapes. Lent said that the combinations and permutations are endless. This writer agreed with the plan prescribed by Lent, and thought that it had many sound educational aspects.

Examples of Commonwealth Policy Statements That Caused an Impact on Pennsylvania School Districts

The Office of the Attorney General, Commonwealth of Pennsylvania, Official Opinion No. 35 stated, A mentally retarded may be suspended for disciplinary reasons pursuant to Section 1318 of the School Code provided that the School District or Intermediate Unit obtains prior approval of the Director of the Bureau of Special Education and that a prompt hearing be held regarding this interim change in educational assignment.

The Attorney General in his Official Opinion No. 56 ordered, "Mentally retarded children in residential mental retardation facilities licensed by the Department of Welfare and in residence as interim care placements must receive a public school program of education."

This opinion affected some 90 severely and profoundly retarded children who resided in a facility for the mentally retarded within the geographical boundaries of District Eight, School District of Philadelphia. The school district had organized 10 classes for these children in the residential setting.

Financing Special Education

Schroeder (1971) found finance to be an almost universal concern of administrators of special education as they attempted to implement special education program plans required by the Indiana mandatory special education law. (U.S. Senate Hearings on the Handicapped, 1974)

Marinelli (1976) estimated that the cost of serving all exceptional children in high quality programs by 1980 will rise to approximately $6 billion to $10.6 billion annually.

In the same article, Conly (1973) had examined benefit-cost ratios of educational programs for the mentally retarded. Some highlights of this examination were: (1) each dollar expended on the vocational rehabilitation of 18 year old mildly retarded adult males generates an estimated increase in future earnings of $14.00, (2) the lifetime educational costs of the mildly retarded were far below their estimated lifetime productivity, (3) the custodial costs of lifetime institutionalization of the retarded are almost $400,000 (1970 dollars), (4) for each case of severe retardation among males that is averted, the undiscounted total gain to society is almost $900,000 (1970 dollars).

In 1970 Rossmiller, Hale, and Forhreich conducted a National Educational Finance Project (NEFP) special study. At the time of the study, the median per regular pupil expenditure across all districts was $655, and the annual per pupil expenditure for the educable mentally retarded was $1,316, trainable mentally retarded was $1,627, and the multiply handicapped was $1,941. The excess costs for these exceptionalities compared with regular grade pupil was $661 for the educable mentally retarded, $972 for the trainable mentally retarded, and $1,286 for the multiply handicapped, (Marinelli).

Comptroller Harrison Goldin, New York City, after an audit indicated that it was cheaper for the city to send handicapped children to private schools than to educate them in public schools. Mr. Goldin explained that the state gives a greater amount of aid if children are in private schools for the handicapped. (Education of the Handicapped, December 20, 1978)

Special Education--As Part of Collective Bargaining

Teacher contracts in the last couple of years have included items which have had direct implications for special education, for example, items pertaining to referral of students for special services were found in 43.7% of the contracts. (Sosnowsky and Coleman, 1976)

Some other items and the percentage of contracts in which they appeared were also mentioned by Sosnowsky and Coleman. For example, integration of special class students within the regular school program appeared in 7% of the contracts. Recognition that specialized training and certification are required for teaching handicapped children was made in 10.9% of the contracts. Staff involvement in curriculum development through participation on curriculum or professional study committees was provided in 54.6% of the contracts. Class size was stated in 34.3% of the contracts. Items requiring adequate facilities for special education programs existed in three contracts. Three contracts contained an item regarding summer programs. Nearly two-thirds (60.3%) of the contracts granted salary differentials to special education teachers. Differentials, where granted, were determined in one of six ways and ranged from $125 to $750.

Accountability and the Professional Educator

Accountability as imposed by the courts in right to education litigation minimally means requiring the state to do what it has undertaken to do--provide an appropriate education to all pupils, including the handicapped, and that in the right to education litigation, courts have attempted to insure accountability by imposing rules of conduct on public education systems. In the same article, Turnbull (1976), referred to the subject of accountability as a welcoming prospect which will ultimately result in improving the social conditions of the handicapped. "If their social conditions are improved, one may hope that their capacities likewise will be improved." He went on to say that physicians have been the most likely persons against whom the principle had been applied. Yet there is no reason to think that the same principle should not be asserted against other professionals, such as educators.

In a recent case related to teacher/school system accountability, the New York State appellate court on November 6, 1978 awarded Daniel Hoffman $500,000 in damages after finding the New York City Board of Education "negligently" diagnosed and educated him as mentally retarded. In the majority opinion, Judge J. Irwin Shapiro stressed the case is not a question of malpractice.

Shapiro saw no reason to rule differently for a government entity than he would for a private hospital when a question of negligence is involved. He said, "Negligence is negligence, even if defendant prefer (s) semantically to call it 'educational malpractice'." (Education of the Handicapped, December 6, 1978)

The Severely and Profoundly Impaired

"Severely handicapped" has been defined in various ways, and few, if any of them precise. It is a relative term. In the Standards for Special Education in the State of Pennsylvania the term is defined as:

Those persons whose adaptive behavior is so severely impaired that educational programming is directed to behaviors that require closely supervised simple work skills requiring full dependence upon others. This term is used to describe the degree of mental retardation present when intelligence testing is lower than an IQ of 25 as measured on individual psychological tests with no consideration of the standard error of measurement permitted. Those with such adaptive behavior and measured mental ability will be considered for these programs and shall be evaluated by a physician prior to assignment.

"The school system is making education available to everyone, including severely handicapped children." (Forsythe, 1976). A large number of these children come to the public schools from the various state institutions for the mentally retarded. "By 1980, a reduction of one-third of the mentally retarded persons now living in institutions is to be effected." (Forsythe) As recently as 1974 there were 1,234 children aged 18 and under, in the State of Massachusetts' six large "schools" for the retarded.

In a survey in 1978 of 266 public residential facilities for the mentally retarded, Dr. Scheerenberger found that there was a 3% reduction in the number of people in the institutions. Of that percentage, 1.6% died. Of the remaining 1.4% about half are going home or to independent living situations. The rest, he said, are being shuffled off to other kinds of institutions.

About 50% of the new admissions to the facilities are mildly and moderately retarded, and 50% of those being readmitted are mildly and moderately retarded and of school age. Somewhere, Sheerenberger said, the community system is not functioning at the level it should.

The basic characteristics of the population in the institutions surveyed was: 70% classified as severely and profoundly retarded, 76% were ambulatory, 56% took care of all their self-care needs, 84% communicated verbally, and 87% were toilet-trained. This was not the physical distribution or behavior associated with the more severely retarded population, he said. (Sheerenberger, 1978)

Not all parents of retarded people want them in a community placement; many parents in New York are comfortable with the institutional setting. (Coughlin, 1978)

The Local Task Force on Right to Education

The Local Task Force on Right to Education Intermediate Unit (I.U.) #26 (Philadelphia) proposed in the fall of 1978 a method of school visitation consisting of a team approach. The team would consist of five members: a special education teacher, a university faculty member, a parent consumer, a school counselor or social worker, and a base service unit representative.

The purpose of the team will be to monitor the educational programs for the mentally retarded in the Philadelphia School System, and to further insure the stipulations of the Consent Decree.

Federal Court Judge Edward Becker, since the beginning of the PARC lawsuit of August 1977, has shown an interest in having the Task Force involved in such a process that will insure that each child in the system was receiving an appropriate individualized education which meets all of his/her needs.

Public Law 94-142

Education For All Handicapped Children Act

On November 29, 1975, a federal bill was signed into law. It was called the Education For All Handicapped Children Act, the latest in a series of amendments to the Elementary and Secondary Education Act of 1965. The law held out many promises for the eight million handicapped children. With such promise came new challenge, new responsibility for teachers, psychologists, special education administrators, and supervisors, as well as the parents of the handicapped.

The law guaranteed a free public education to children aged 3 to 18 by the start of the 1978 school year, and for those aged 3 to 21, by September, 1980.

In Pennsylvania, as for many other states that had enacted legislation similar to the Right to Education Consent Decree, the P.L. 94-142 was considered an extension to that law. The Consent Decree pertained to just the mentally retarded, whereas the P.L. 94-142 covered the remaining categories of handicaps.

Philadelphia had three years preparation so to speak, for P.L. 94-142. However, the same problems in implementation related to both laws.

A survey of a sample of National Association of Pupil Personnel Administrators members who had experienced the development of systems, procedures, and programs relevant to mandated comprehensive special education reform laws, surfaced a number of pitfalls and potential problems in the implementation of 94-142.

Common issues raised were the global and continuing ones of underfunding, inequitable funding, and unrealistic financial incentives to provide and purchase the massive personnel and material resources necessary to carry out major curriculum and programmatic reform. (McCarthy, 1977)

At a meeting of the National Conference of State Legislatures, Health, Education and Welfare Deputy Assistant Secretary for Legislation, William Blakey, responded to a comment by a California state legislator, who said thousands of hours of educators' time was going into developing individualized education plans for children so developmentally disabled that education had no meaning for them. The legislator urged Mr. Blakey to drop the use of Individual Education Programs (I.E.P's) for children and adolescents in certain severe disability categories. Blakey admitted that P.L. 94-142 was creating squabbles between state health, education and social services agencies, and also said that the I.E.P. problem is an example of one of the areas in the law that may need some revising. (Education of the Handicapped, December 20, 1978)

Mainstreaming--Least Restrictive Environment

National Education Association, October 22, 1975, made a statement shortly after P.L. 94-142 was passed that mainstreaming handicapped youngsters in regular classrooms may lead economy-obsessed school boards to fire their special education teachers, leaving handicapped children in the hands of regular teachers who are inadequately prepared to serve them.

National Education Association president, John Ryor, hailed mainstreaming as a "promising, democratic development." He cautioned that putting handicapped and nonhandicapped children in the same classroom may call for changes in class size, scheduling, and curriculum design, as well as special preparation for teachers. "Can you imagine," Ryor asked, "the plight of a teacher who is suddenly and for the first time presented with a blind child, a spastic, an emotionally disturbed child--or even all three--as additions to the 40 'normal' students?"

The National Education Association further stated that it will support mainstreaming if it meets several specifications along the lines of changing schools present teacher training, class size, scheduling, and curriculum policies, thusly providing a favorable learning experience both for the handicapped and the regular students.

In Pennsylvania public schools, mainstreaming pertains to educationally and developmentally handicapped school aged children integrated into regular education classes to the degree that they can participate in said classes with success. (The Executive Committee of the Pennsylvania Federation Council for Exceptional Children, 1975)

Public Law 94-142 provides for supportive services to make mainstreaming workable and effective. Individual Educational Plans (I.E.P.) will be written by teachers and special education personnel. Special education teachers will be working with the children who are mainstreamed into regular classrooms.

Again, as happened with the Right to Education Consent Decree, class action suits filed by concerned advocate groups and parents will convince school districts to support mainstreaming and to make it work.

It remains as one of the most controversial subjects in the field of education today. Many definitions, comments, and positions have been taken on mainstreaming. Most of the research on the areas of mainstreaming concentrate on placement and administrative issues. In this writer's readings there were only a few statements that dealt with instructional procedures.

It would seem fair to state that mainstreaming will continue to have wide implications for the basic structure of public education in this country.

Chapter III

Methodology

The Basic Plan

The purpose of this study was to design a model to meet the impact of the Pennsylvania Right to Education Consent Decree. To accomplish this objective, the following steps were taken:

1. An extensive review of the literature was made pertaining to the Right to Education Consent Decree and its impact on a large urban school district.

2. A review of existing information was undertaken as it relates to the impact of the Consent Decree on a large urban school district, Philadelphia, and particularly District Eight of that city.

3. An initial survey was constructed and sent to 110 subjects to determine the amount of impact in selected areas, namely: background of administrators, teachers and aides; personnel duties and responsibilities; programming; services; costs; parent and community involvement and due process. The 110 questionnaire recipients were constituted as follows: 21 teachers, 15 classroom aides, 10 parents, 8 supervisors of special education, 6 principals and administrative assistants, 9 speech, physical and occupational therapists, counselors,

nurses, 4 psychologists, 10 central office special education administrators, 5 special education related school district administrators and 22 special education related community and state agency administrators.

An initial model was constructed on the basis of evidence gathered through the preceding step. This model was sent along with another questionnaire to 17 supervisors of special education for the School District of Philadelphia.

4. Based upon the findings of the preceding steps a final model was constructed.

Pilot Questionnaire and Questionnaire I: Procedures

The writer used the survey questionnaire, a well established technique, to make inquiries concerning attitudes and opinions, and obtain facts.

During the preparation of the questionnaire, the writer thoroughly reviewed some similar instruments in completed dissertations on file at the University of Pennsylvania and Temple University Libraries.

The content matter of the instrument included what the writer considered to be the major areas related to the implementation and impact of "The Right to Education Consent Decree," on a large urban school district, particularly School District Eight, Philadelphia, Pennsylvania.

This version was field tested using five subjects: one supervisor, one teacher, one psychologist, one principal, and one director of special education (see Appendix F). They were to determine if the responses were relevent and consistent with the purpose of the study. As a result, some revisions were made regarding the general format, brevity, clarity, and relevances of the responses.

The final version of Questionnaire I included 54 responses. The responses covered the following areas: (a) background of administrators, teachers and aides, (b) personnel duties and responsibilities, (c) programming, (d) services, (e) costs, (f) parent and community involvement, and (g) due process. The final section requested comments, remarks or opinions that the respondent wished to make. The final version of Questionnaire I is shown (see Appendix G).

This writer sent a cover letter with each questionnaire, stating the purpose of the survey and requested the cooperation of the respondents to complete the questionnaire and return it by the given date. The respondents were informed that their names, affiliations, and responses would be kept strictly confidential and would not be identified in the study. In response to number 55, the writer stated that the respondent did not have to supply a name, but if they were interested in receiving the tabulated results they would have to give their name and mailing address. (See Appendix H)

Selection of the Sample

It was necessary for the writer to carefully select a cross section of individuals who had been directly involved with "The Right to Education Consent Decree" and its impact on a large urban school system. In order to obtain these data for the study, questionnaires were mailed to various personnel. Included in this group were: state administrators of special education; agency administrators of special education programs; mental health/mental retardation base service unit program administrators; special education resource center administrators; principals of elementary and secondary schools with Consent Decree classes; School District of Philadelphia psychologists; School District of Philadelphia administrators and supervisors of programs related to/and supportive of special education; Philadelphia Federation of Teacher union officers; teachers, counselors, classroom aides, physical, speech, and occupational therapist employed by the School District of Philadelphia; parents of Right to Education children.

The first mailing was sent to 110 individuals. It was decided to plan for a total of 60 to 70 responses, since this seemed to be a reasonable sampling from which to formulate sufficient data. Names were selected from office files kept by this author.

Collection of the Data

One hundred and ten cover letters and questionnaires were mailed to the selected respondents, as mentioned above, on March 1, 1978. It was requested that the completed questionnaires be returned by March 14, 1978. By March 17, 1978, the writer received 64 completed questionnaires. On March 20, 1978, letters were sent to the possible respondents who failed to answer the first request. A sample of this letter is shown (See Appendix G). By March 29, 1978, one week after the suggested date of reply, another 11 responses had been received for a grand total of 75. It was decided that with this number of returns sufficient data could be extracted to provide background information from which a model could be constructed.

The 75 questionnaire respondents were constituted as follows: 17 teachers, 9 classroom aides, 3 parents, 7 supervisors of special education, 5 principals and administrative assistants, 6 speech, physical and occupational therapists and counselors, 3 psychologists, 5 central office special education administrators, 5 special education related school district administrators, and 15 special education related community and state agency administrators.

Initial Model Development and Questionnaire II: Procedures

From the results of the initial questionnaire the initial model was developed coupled with Questionnaire II, and was forwarded to 17 special education supervisors for the School District of Philadelphia on February 20, 1979. (See Appendix I)

These 17 supervisors were field experienced and certified in the overall implementation of the Pennsylvania Right to Education Consent Decree from its inception in 1972.

Final Model Development

On the basis of the results and findings of Questionnaire II a final model was developed for a model to meet the impact of the Right to Education Consent Decree.

Chapter IV

Findings

In an effort to construct a model to meet the impact of the Pennsylvania Right to Education Consent Decree the researcher, after carefully reviewing available literature, constructed an initial questionnaire. This questionnaire was sent to 110 subjects and was constituted as follows: 21 teachers, 15 classroom aides, 10 parents, 8 supervisors of special education, 6 principals and administrative assistants, 9 speech, physical and occupational therapists, counselors, nurses, 4 psychologists, 10 central office special education administrators, 5 special education related school district administrators and 22 special education related community and state agency administrators.

The tables which follow relate to the individual items of Questionnaire I. For example, Table 1 refers to Item 1 of the questionnaire and so forth throughout the 53 items of Questionnaire I.

Table 1 which follows identifies the characteristics of the subjects responding to question number 1 in the initial questionnaire. The reader will note that the total number responding was 75. This figure represents a return of 68% of the original 110 questionnaires forwarded.

The following data collected clarified the thinking of the 75 respondents regarding the Pennsylvania Right to Education Consent Decree and its various implications on District Eight, School District of Philadelphia.

The study did not lend itself to interpretation by any statistical test. As a result, only percentages and descriptive analysis are provided.

Table 1

Present Position of Questionnaire Respondents

Composition of Group I			
Teachers	Classroom Aides	Parents	
17	9	3	
Composition of Group II			
Supervisors of Special Education	Principals and Administrative Assistants	Support Services	Psychologists
7	5	6	3
Composition of Group III			
Special Education Administration Central Office	Special Education Related School District Administrators	Special Education Related Community and State Agency Administrators	
5	5	15	

In Table 1 above the reader will note composition into three groups of respondents, Group I comprised of 17 teachers, 9 classroom aides, 3 parents. Group II comprised of 7 supervisors of special education, 5 principals and administrative assistants, 6 support services and 3 psychologist. Group III comprised of 5 central office administrators, 5 school district special education related administrators and 15 special education related community and state agency administrators.

In Table 2 below is the result of answers to item number 2 of Questionnaire I.

Table 2

Background and Experience of Each Group with Respect to Special Education--Percentage of Each Group which Remained in the Same Area of Special Education Since the Inception of the Consent Decree (September, 1972)

Group I	Group II	Group III
59%	76%	7%

The preceding table indicates that in Group I, 59% of teachers, classroom aides and parents remained in the same area of special education. Additionally, 76% of those in Group II, 7% of Group III remained in the same area of Special Education at the inception of the Consent Decree.

Table 3

Years of Experience in Education at the Inception of the Consent Decree

Table 3--continued

Group I	Group II	Group III
5 years	13 years	15 years

Table 3 indicates that Group I had an average of 5 years experience in the field of general education at the inception of the Consent Decree. It also shows that Group II had an average of 13 years, and Group III had 15 years average experience.

Table 4

Years of Experience in Special Education at the Inception of the Consent Decree

Group I	Group II	Group III
3 years	8 years	5 years

In Table 4 above the reader should note that Group I had an average of 3 years experience in special education at the inception of the Consent Decree. It also showed that Group II had 8 years average experience. Group III showed an average of 5 years experience in special education at the inception of the Consent Decree.

Table 5

Percentage Certified in Special Education

Table 5--continued

Group I	Group II	Group III
63%	43%	42%

Table 5 above indicates that 63% of Group I was certified in special education in March 1978. Group II showed that 43% were certified. At the same time, Group III had 42% certified.

In Table 6 below Group I indicates that 10% majored in special education in undergraduate school, 34% majored in regular education and 56% majored in other areas of education. Group II indicates that 0% majored in special education, 33% regular education and 67% in other areas of education. The table shows that Group III had 8% major in special education in undergraduate school, 16% regular education and 76% majored in other areas of education in undergraduate school.

Table 6

Percentage Majoring in Special Education
Regular Education, and Other Areas in Undergraduate School

	Group I	Group II	Group III
Special Education	10%	0%	8%
Regular Education	34%	33%	16%
Other Areas	56%	67%	76%

In Table 7 below is the result of answers to item number 7 of Questionnaire I.

Table 7

Percentage Minoring in Special Education, Regular Education, and Other Areas in Undergraduate School

	Group I	Group II	Group III
Special Education	20%	4%	0%
Regular Education	3%	4%	16%
Other Areas	77%	92%	84%

The preceding table shows that 20% of Group I minored in special education in undergraduate school, 3% of this group minored in regular education and 77% minored in other areas of education in undergraduate school. Group II shows that 4% minored in special education in undergraduate school, 4% in regular education and 92% in other areas of education. Additionally, the table shows that 0% of Group III minored in special education in undergraduate school, 16% minored in regular education and 84% of the same group minored in other areas in undergraduate school.

Table 8

Percentage Majoring in Special Education, Regular Education, and Other Areas in Graduate School

Table 8--continued

	Group I	Group II	Group III
Special Education	58%	13%	24%
Regular Education	0%	8%	8%
Other Areas	42%	79%	68%

Table 8 above shows that 58% of Group I majored in special education in graduate school, 0% majored in regular education and 42% majored in other areas in graduate school. The table also shows that 13% of Group II majored in special education in graduate school, 8% of Group II majored in regular education and 79% of the group majored in other areas. Group III shows that 24% majored in special education in graduate school, 8% majored in regular education and 68% of Group III majored in other areas of education in graduate school.

Table 9 below shows the percentage of the groups minoring in special education, regular education, and other areas of education in graduate school.

Table 9

Percentage Minoring in Special Education, Regular Education, and Other Areas in Graduate School

	Group I	Group II	Group III
Special Education	13%	4%	8%
Regular Education	3%	4%	4%
Other Areas	84%	92%	88%

Table 9 indicates Group I had 13% minoring in special education in graduate school, 3% of this group minored in regular education and the same group had 84% minor in other areas in graduate school. Group II shows 4% minoring in special education in graduate school, 4% minored in regular education and 92% in other areas in graduate school. The table shows that 8% of Group III minored in special education in graduate school, 4% in regular education and 88% of the same group minored in other areas in graduate school.

Table 10

Percentage with Degrees Related to Special Education

Group I	Group II	Group III
7%	21%	22%

Table 10 above shows 7% of Group I had degrees related to special education, 21% of Group II and 22% of Group III.

Table 11

Percentage with Training Certificates Related to Special Education

Group I	Group II	Group III
23%	50%	30%

In Table 11, Group I shows 23% had training certificates related to special education, Group II indicates that 50% had certificates and 30% of Group III.

Table 12 below shows attitude of the 3 groups toward special education prior to the Consent Decree.

Table 12

Attitude Toward Special Education

Prior to the Consent Decree

	Group I	Group II	Group III
Positive	79%	71%	83%
Negative	7%	0%	0%
Mixed	14%	29%	17%

In the above Table 12, Group I shows 79% had a positive attitude toward special education, 7% a negative attitude and 14% a mixed attitude. Additionally, 71% of Group II had a positive attitude, 0% a negative attitude and 20% a mixed attitude. The table shows 83% of Group III had a positive attitude, 0% a negative attitude and 17% a mixed attitude toward special education prior to the Consent Decree.

In the following table, Table 13, the attitude of the 3 groups toward special education is shown after the Consent Decree.

Group I shows 86% had a positive attitude, 4% a negative attitude and 10% a mixed attitude. Group II in the same table indicates 62% had a positive attitude, 0% a negative attitude and 38% a mixed attitude. It also shows Group III indicates 70% had a positive attitude, 4% a negative and 26% of the group a mixed attitude after the Consent Decree.

Table 13

Attitude Toward Special Education

After the Consent Decree

	Group I	Group II	Group III
Positive	86%	62%	70%
Negative	4%	0%	4%
Mixed	10%	38%	26%

In Table 14 we see how the 3 groups felt about being qualified to handle the requirements of the Consent Decree.

Group I shows 89% felt qualified, 71% of Group II and it indicates that 67% of Group III felt qualified to handle the requirements of the Consent Decree.

Table 14

Qualified to Handle Requirements of the Consent Decree

Group I	Group II	Group III
89%	71%	67%

Table 15

Took Special Training as a Result of the Consent Decree

Group I	Group II	Group III
52%	35%	27%

The 3 groups' responses to item 15 of Table 15 above are as follows: Group I shows 52% took special training as a result of the Consent Decree, Group II shows 35% took special training and Group III shows 27%.

Table 16 below shows how the 3 groups assessed 10 areas of greatest impact in the implementation of the Consent Decree.

Group I lists in 1,2,3 order trained personnel, funding and attitude. Transportation is listed number 10. Group II shows proper identification number 1 with appropriate placement and trained personnel 2 and 3. Group II also shows transportation number 10. Trained personnel, funding and appropriate placement are 1, 2 and 3 as Group III indicates. Group III sees instructional aids as number 10.

Table 16

Greatest Impact in the Implementation of the Consent Decree

Table 16--continued

Group I	Group II	Group III
1st Trained Personnel	1st Proper Identification	1st Trained Personnel
2nd Funding	2nd Appropriate Placement	2nd Funding
3rd Attitude	3rd Trained Personnel	3rd Appropriate Placement
4th Preparation	4th Attitude	4th Attitude
5th Proper Identification	5th Facilities	5th Proper Identification
6th Appropriate Placement	6th Preparation	6th Preparation
7th Instruction	7th Instruction	7th Facilities
8th Instructional Aids	8th Funding	8th Instruction
9th Facilities	9th Instructional Aids	9th Transportation
10th Transportation	10th Transportation	10th Instructional Aids

The following Table 17 shows how the 3 groups saw their major responsibilities and duties as they relate to the Consent Decree.

In order of importance, Group I lists 1st-teaching and/or training children, and assessment and parental contact, advocate and placement next in order. Group III lists 1st-placement, 2nd-assessment, 3rd-parental contact, 4th-advocate and teaching and/or training children. Group III lists 1st-administrative, 2nd-advocate, 3rd-parental contact, 4th-placement, and 5th-teaching and/or training children and assessment.

Table 17

Major Responsibilities and Duties as They Relate to Consent Decree

Group I	Group II	Group III
1st	1st	1st
Teaching and/or Training Children	Placement	Administrative
2nd	2nd	2nd
Assessment and Parental Contact	Assessment	Advocate
3rd	3rd	3rd
Advocate	Parental Contact	Parental Contact
4th	4th	4th
Placement	Advocate and Teaching and/or Training Children	Placement
5th	5th	5th
No Response	No Response	Teaching and/or Training Children and Assessment

Table 18 which follows is representative of the responses to question 18 which shows the percentage of increase in costs experienced since the inception of the Consent Decree.

Group I percentage of instructional increase is 40%, Group II percentage is 40%, and Group III experienced a 47% increase. In Group I the only persons reporting were teachers.

Table 18

Percentage of Increase in Costs Experienced Since the Inception of the Consent Decree

Group I	Group II	Group III
40%	40%	47%

Table 19 next, shows the 3 groups feeling about the services given to the mentally retarded. Group I shows 22% felt the services were adequate, 59% somewhat adequate, and 19% inadequate. Group II shows 40% felt the services were adequate, 50% somewhat adequate, and 10% inadequate. The feeling of Group III about the services given was 18% felt it was adequate, 68% somewhat adequate and 14% inadequate.

Table 19

Feeling About the Services Given to the Mentally Retarded

	Group I	Group II	Group III
Adequate	22%	40%	18%
Somewhat Adequate	59%	50%	68%
Inadequate	19%	10%	14%

Table 20 below deals with item 20 on Questionnaire I which refers to areas that had the least impact on the education of the retarded.

Table 20

Areas that had the Least Impact on the Education of the Retarded

Group I	Group II	Group III
1st	1st	1st
Zero Rejection	Zero Rejection	Identification
2nd	2nd	2nd
Due Process	Due Process	Due Process
3rd	3rd	3rd
Placement and Program	Program	Zero Rejection
4th	4th	4th
Identification	Identification and Placement	Placement and Program
5th	5th	5th
No response	No response	No response

Group I indicates that areas of least impact were in rank order as follows: 1st-zero rejection, 2nd-due process, 3rd-placement and program, and 4th-identification. No response was made by the group to a 5th area. Group II selected areas, zero rejection, due process, program and identification and placement in that rank order. No response was made to a 5th area. The areas selected by Group III in 1-4 rank order were, identification, due process, zero rejection and placement and program. This group made no response to a 5th area of least impact on the education of the mentally retarded.

Table 21

Areas that had the Greatest Impact on the Education of the Retarded

Group I	Group II	Group III
1st	1st	1st
Placement	Placement	Due Process
2nd	2nd	2nd
Identification	Program	Placement and Program
3rd	3rd	3rd
Program	Due Process and Identification	Zero Rejection
4th	4th	4th
Zero Rejection	Zero Rejection	Identification
5th	5th	5th
Due Process	No Response	No Response

In the preceding Table 21, Group I indicates that areas of the greatest impact on the education of the retarded were: 1st-placement, 2nd-identification, 3rd-program, 4th-zero rejection, and 5th-due process. Group II selects areas, placement, program, due process and identification, and zero rejection in that rank order. No response was made to a 5th area. Group III's response to this item was as follows, in rank order, 1st-due process, 2nd-placement and program, 3rd-zero rejection, 4th-identification and 5th-no response.

Table 22

Favorable to Parent Training as Part of the Implementation of the Consent Decree

Group I	Group II	Group III
97%	95%	100%

Table 22 above shows that 97% of Group I is favorable to parent training as part of the implementation of the Consent Decree. Group II indicates that 95% were favorable, and Group III, 100% indicates being favorable to parent training.

The following table, Table 23, shows how favorable the 3 groups were toward parent involvement.

Table 23

Favorable to Parent Involvement

	Group I	Group II	Group III
Strongly	72%	40%	77%
Somewhat Strongly	21%	55%	9%
Not Strongly	7%	5%	14%

The results of Table 23 show that 72% of Group I strongly favored parent involvement, 21% were somewhat strongly favorable and 7% not strongly favorable. Group II indicates that 40% strongly favored parent involvement, 55% somewhat strongly and 5% not strongly. Additionally, Group III shows that 77% strongly favored parent involvement, 9% somewhat strongly and lastly, 14% not strongly favored parent involvement.

Table 24

Favorable Areas of Parent Involvement

Group I	Group II	Group III
1st Parent Organizations	1st Parent Organizations	1st Parent Organizations
2nd Program	2nd Program	2nd Program
3rd Curriculum	3rd Curriculum	3rd Curriculum
4th Classroom aides	4th Curriculum	4th Classroom aides
5th Teacher Selection and Teacher rating	5th Teacher rating	5th Teacher rating and Teacher selection
6th No Response	6th Teacher selections	6th No Response

The preceding Table 24 indicates that Group I shows in order of importance the favorable areas of parent invovlement as follows: 1st-parent organizations, 2nd-program, 3rd-curriculum, 4th-classroom aides, 5th-teacher selection, and no response to rank 6. Group II lists in order of importance, 1st-parent organizations, 2nd-program, 3rd-classroom aides, 4th-curriculum, and 6th-teacher selection. Lastly, Group III lists in order of favor 1st-parent organization, 2nd-program, 3rd-curriculum, 4th-classroom aides, and 5th-teacher rating and teacher selection, 6th-no response.

Table 25

Feeling About the Amount of Parent Involvement Under the Consent Decree

	Group I	Group II	Group III
Too Much	26%	50%	29%
Little	39%	31%	52%
Too Little	35%	19%	19%

Table 25 above deals with the feeling about the amount of parent involvement under the Consent Decree. In Group I, 26% felt there was too much involvement, 39% felt there was little and 35% felt there was too little. Group II lists 50% felt too much parent involvement, 31% felt little and 19% too little. In Group III 29% felt too much involvement by parents, 52% little involvement and 19% felt there was too little parent involvement under the Consent Decree.

Table 26 below lists the greatest areas of impact parental involvement had on the educational process of the schools. Group I mentions preferential treatment shown to a few pressure groups as the area of greatest impact. Group II lists, pressured schools to provide needed supportive services as the area of greatest parental involvement. A greater say in the education of the retarded was listed by Group III.

Table 26

Impact Parental Involvement had on the Educational Process of the Schools

Group I	Group II	Group III
Preferential treatment shown to a few pressure groups.	Pressured schools to provide needed supportive services.	Greater say in education of the retarded.

The following Table 27 refers to the feeling about the economic impact of the Consent Decree. Group I states 12% felt it too costly, 56% costly, 32% not costly and 0% felt it inexpensive. Additionally, Group II shows 40% felt it too costly, 55% of the group felt it costly, 5% in Group II felt it not costly, and 0% inexpensive. Group III shows 10% felt it too costly, 75% costly, 10% not costly and 5% inexpensive.

Table 27
Feeling About the Economic Impact of the Consent Decree

	Group I	Group II	Group III
Too Costly	12%	40%	10%
Costly	56%	55%	75%
Not Costly	32%	5%	10%
Inexpensive	0%	0%	5%

Table 28
Program Areas of Deficiency for the Mentally Retarded

Group I	Group II	Group III
1st	1st	1st
Vocational training	Vocational training	Supportive services
2nd	2nd	2nd
Supportive services	Staff development	Vocational training
3rd	3rd	3rd
Post-school training programs	Supportive services	Parent training

Table 28 above shows the program areas of deficiency for the mentally retarded. Group I reports that vocational training was 1st, supportive services 2nd, and post-school training programs 3rd. Group II shows the following areas in rank order, 1st-vocational training, 2nd-staff development, and 3rd-supportive services. Lastly, Group III lists in order, supportive services, vocational training and parent training.

In Table 29 below the supportive services to make Consent Decree implementation successful are listed for the 3 groups.

Table 29

Supportive Services to Make Consent Decree Implementation Successful

Group I	Group II	Group III
1st	1st	1st
Physical therapy	Physical therapy	Increased amount of professional therapy
2nd	2nd	2nd
Speech therapy	Speech therapy	Supervision
3rd	3rd	3rd
Occupational therapy	Occupational therapy	Parent training
4th	4th	4th
Supervision	Parent training	Staff development

Group I above lists 1st-physical therapy, 2nd-speech therapy, 3rd-occupational and 4th-supervision as the supportive services. Group II shows 1st-physical therapy, 2nd-speech therapy, 3rd-occupational therapy and parent training as 4th. Finally, Group III lists 1st-increased amount of professional therapy, 2nd-supervision, 3rd-parent training and 4th-staff development in order of importance.

Table 30
Groups Role in Helping to Implement the Development of Programs in Schools

	Group I	Group II	Group III
Much	78%	68%	30%
Little	15%	32%	57%
None	7%	0%	13%

Table 30 shows the amount of each groups involvement in helping to implement the development of programs in schools. Group I indicated that 78% felt much help was given, 15% little help and 7% no help given to the development of programs. The table shows Group II in-dicated 68% had much of a role, 32% little and 0% no role. In the table, 30% of Group III felt much of a role, 57% little, and 15% felt they had no role in the development of programs in schools.

Table 31
Roadblocks to Implementation of Programs Under the Consent Decree

Group I	Group II	Group III
1st	1st	1st
Attitudes of School Personnel	Administrative Red Tape	Untrained Personnel
2nd	2nd	2nd
Untrained Personnel	Improper Placement	Attitudes of School Personnel
3rd	3rd	3rd
Lack of Written Curriculum	Lack of Written Curriculum	Lack of Funding

In the preceding Table 31, the respondents of the 3 groups relate to the roadblocks to implementation of programs under the Consent Decree. Group I rated the roadblocks in the following order, 1st-attitudes of school personnel, 2nd-untrained personnel and 3rd-lack of written curriculum. Group II lists the roadblocks in this order, 1st-administrative red tape, 2nd-improper placement and 3rd-lack of written curriculum. Finally, Group III rated the roadblocks in the following order, 1st-untrained personnel, 2nd-attitudes of school personnel and 3rd-lack of funding.

Table 32
The Important Force in the Development of
Special Education Plans

Group I	Group II	Group III
1st	1st	1st
Teacher	Teacher	Teacher
2nd	2nd	2nd
Principal	Principal	Supervisor
3rd	3rd	3rd
Parent	Supervisor	Parent
4th	4th	4th
Supervisor	Parent	Principal

Table 32 above shows the important forces in the development of special education plans in rank order. In order of rank, Group I lists 1st-teacher, 2nd-principal, 3rd-parent, and 4th-supervisor. Group II shows in rank order, 1st-teacher, 2nd-principal, 3rd-supervisor, and 4th-parent. Lastly, Group III lists, 1st-teacher, 2nd-supervisor, 3rd-parent, and 4th-principal.

Table 33
Percentage of Enrolled Retarded Children
Who Were Afforded Due Process

Group I	Group II	Group III
95%	94%	95%

Table 33 above shows the percentage of enrolled retarded children who were afforded due process. Group I states that 95% were afforded due process. Group II indicates 94%. Group III states 95% were afforded due process.

Table 34
Personnel Directly Involved in a
Due Process Hearing

Group I	Group II	Group III
17%	50%	59%

In Table 34 above Group I states that 17% were directly involved in a due process hearing. Group II indicates that 50% were involved. Group III answers that 59% were directly involved in a due process hearing.

Table 35

Process Used to Make Pupil Records Available to Parents--Consent Decree Requirements

Group I	Group II	Group III
Central filing system in schools housing mentally retarded children	District office record file for parent review	Easy access-system for parent review and/or copying

Table 35 shows that Group I used a central filing system in schools to make pupil records available to parents, Group II used a district office record file for parent review. Group III implemented an easy access-system for parent review and/or copying.

Table 36

Percentage of the School Day Devoted to Record Keeping

Group I	Group II	Group III
28%	33%	20%

Group I above states 28% of the school day was devoted to record keeping. Group II lists 33% of the school day. Group III says 20% of the school day was devoted to record keeping.

Table 37 on the next page shows the changes in administration and supervision in schools, teaching children and parenting as a result of Consent Decree.

The changes in order of importance listed by

Group I were 1st-increased amount of time devoted to paper work, 2nd-decreased amount of actual classroom instruction time and 3rd-increased amount of record keeping. Group II lists in rank order, 1st-increased amount of record keeping, 2nd-increased amount of parent involvement, and 3rd-decreased amount of supervisory time. Group III lists in rank order, 1st-increased amount of parent involvement, 2nd-time demand made by district and school based child study team, and 3rd-increased amount of record keeping.

Table 37

Changes in Administration and Supervision in Schools, Teaching Children and Parenting as a Result of Consent Decree

Group I	Group II	Group III
1st	1st	1st
Increased amount of time devoted to paper work	Increased amount of record keeping	Increased amount of parent involvement
2nd	2nd	2nd
Decreased amount of actual classroom instruction time	Increased amount of parent involvement	Time demand made by district and school based child study team
3rd	3rd	3rd
Increased amount of record keeping	Decreased amount of supervisory time	Increased amount of record keeping

In Table 38 the 3 groups relate to the amount of staff development provided as it related to the Consent Decree. Group I shows that 37% felt there was a sufficient amount, 19% a little, 37% very little and 7% none. Group II lists 10% felt there was a sufficient amount, 35% little, 50% very little and 5% felt there was no staff development provided. Group III shows that 15% thought there was a sufficient amount of staff development, 39% a little, 15% very little, and 31% none.

Table 38

Staff Development Provided Related
to the Consent Decree

	Group I	Group II	Group III
Sufficient amount	37%	10%	15%
Little	19%	35%	39%
Very Little	37%	50%	15%
None	7%	5%	31%

The next table, Table 39 shows 90% of Group I felt there was an increase of community involvement since the inception of the Consent Decree. Group II indicates 94% felt an increase of community involvements and 100% increase of involvement was shown by Group III.

Table 39
Increase of Community Involvement Since the Inception of the Consent Decree

Group I	Group II	Group III
90%	94%	100%

In Table 40 below, the affect of the Consent Decree on the school curriculum is shown.

Table 40
Affect of the Consent Decree on the School Curriculum

	Group I	Group II	Group III
Sufficient Amount	54%	43%	16%
Little	25%	36%	4%
Very Little	17%	21%	0%
None	4%	0%	8%

Group I response to the item shows 54% thought there was a sufficient amount of affect on the curriculum shown by the Consent Decree, 25% of Group I said little affect was shown, 17% very little and 4% none.

Group II indicated that 43% felt there was sufficient amount of affect of the Consent Decree on the school curriculum, 36% a little affect, 21% very little and 0% of the group none.

Group III shows that 16% felt there was a sufficient amount of affect, 4% a little amount of affect on the curriculum, 0% of the group said there was very little and 8% of Group III felt there was no affect of the Consent Decree on the school curriculum.

Table 41
Identification and Proper Placement Have
Improved as a Result of the Consent Decree

Group I	Group II	Group III
63%	79%	89%

Table 41 above shows that 63% of Group I said identification and proper placement have improved as a result of the Consent Decree, Group II shows 79% said they improved and 89% of Group III.

In Table 42, the next table, the 3 groups responded to what they thought were the most valuable resources in preparing for implementation of Consent Decree. In chronological order of importance Group I listed, 1st-Division of Special Education and District Office Eight, 2nd-Regional Resource Center, 3rd-State Bureau of Special Education and 4th-Mental Retardation Base Service Unit. Group II listed in order, 1st-Division of Special Education, 2nd-District Office Eight, 3rd-Base Service Unit, and 4th-State Bureau of Special Education and Regional Resource Center. Lastly, Group III lists 1st-Division of Special Education, 2nd-State Bureau of Special Education and 3rd-District Office Eight.

Table 42

Resources of Value in Preparing for Implementation of Consent Decree

Group I	Group II	Group III
1st	1st	1st
Division of Special Education and District Office	Division of Special Education	Division of Special Education
2nd	2nd	2nd
Regional Resource Center	District Office	State Bureau of Special Education
3rd	3rd	3rd
State Bureau of Special Education	Base Service Unit	District Office
4th	4th	4th
Base Service Unit	State Bureau of Special Education and Regional Resource Center	No Response
5th	5th	5th
No Response	No Response	No Response

The role of the Special Education Local Task Force in the implementation of the Consent Decree is the subject of Table 43, the next table.

Group I lists that 48% thought the role was very effective, 33% slightly effective and 19% not effective. Group II lists that 21% expressed the role as very effective, 43% slightly effective and 36% not effective. Finally, Group III indicates that 24% felt the role of the task force was very effective, 70% slightly effective and 6% not effective.

Table 43
Role of the Special Education Local Task Force in the Implementation of the Consent Decree

	Group I	Group II	Group III
Very Effective	48%	21%	24%
Slightly Effective	33%	43%	70%
Not Effective	19%	36%	6%

Table 44 below lists the item 44 of Questionnaire I and its results.

Table 44
Built-in Accountability for the Special Educator Under the Consent Decree

Group I	Group II	Group III
54%	68%	75%

In Table 44 above 54% of Group I indicates there was a built-in accountability for the special educator under the Consent Decree, 68% of Group II expresses the thought and 75% of Group III.

Table 45
Quality of the Programs for the Retarded Since the Implementation of the Consent Decree

	Group I	Group II	Group III
Improved Greatly	44%	39%	6%
Improved Slightly	52%	44%	9%
No Improvement	4%	17%	4%

The quality of the programs for the retarded since the implementation of the Consent Decree is the subject of Table 45 on the preceding page. Group I shows 44% felt the quality improved greatly, 52% said they improved slightly and 4% no improvement. Group II indicates that 39% thought the quality of the programs improved greatly, 44% improved slightly and 17% said that no improvement in the quality was exhibited. The table shows that 6% of Group III said there was a great improvement, 9% said the quality improved slightly and 4% expressed that no improvement was shown in the quality of the programs.

In Table 46 below the subject of parent and/or agency impact on the schools under the Consent Decree is shown.

Table 46
Parent and/or Agency Impact on the Schools
Under the Consent Decree

	Group I	Group II	Group III
Too Much	0%	0%	7%
Little	49%	19%	86%
Too Little	17%	0%	7%

Table 46 above shows Group I lists in order, Too Much 0%, Little 49% and Too Little 17% the Parent and/or Agency Impact on the Schools under the Consent Decree. Group II shows 0% Too Much, 19% Little and 0% Too Little.

Group III indicates 7% felt Too Much, 86% Little and 7% Too Little parent and/or agency impact on the schools under the Consent Decree.

Table 47

Demands of the Consent Decree on School District Eight were Unfair

Group I	Group II		Group III	
No Response	Yes	No	Yes	No
	9%	4%	15%	12%

In Table 47 above Group I was not required to respond, because the group did not have an overall working relationship with the district. Group II shows that 9% said the demands were unfair and 4% said no to the demands. Group III indicates that 15% said the demands were unfair and 12% indicates the demands of the Consent Decree were fair on District Eight.

Table 48

Most Costly Areas of the Consent Decree to Implement

Group I	Group II	Group III
No Response	a) Salaries	a) Facilities
	b) Ancillary Services	b) Salaries
	c) Transportation	c) Ancillary Services

The preceding table, Table 48, indicates that Group I did not have to respond, because the group was not involved in the administration of funding for the Consent Decree. Group II expresses according to the table that the most costly areas in the implementation of the Consent Decree were, a) Salaries, b) Ancillary Services, and c) transportation. Group III shows the costly areas as, a) Facilities, b) Salaries, and c) Ancillary Services.

In Table 49 the next table, we find the areas of the Consent Decree that received the most funding. Group I was not required to respond, because they were not involved in the administration of funding. Group II lists, a) Salaries, b) Ancillary Services, and c) Staff Development as the areas that received the most funding. Lastly, Group III shows the areas to receive the most funding as, a) Staff Development, b) Ancillary Services, and c) Facilities.

Table 49

Areas of the Consent Decree to Receive the Most Funding

Group I	Group II	Group III
No Response	a) Salaries	a) Staff Development
	b) Ancillary Services	b) Ancillary Services
	c) Staff Development	c) Facilities

Table 50 below, refers to item 50 of Questionnaire I and only required the principal respondents to answer the question, "What additional duties has the Consent Decree imposed upon you?" List in rank order. The order was, 1st-additional paperwork, 2nd-increased number of conferences and pre-hearings, and 3rd-more diversified supervision of programs.

Table 50

Additional Duties of the Principal that the Consent Decree Imposed

1st	Additional Paperwork
2nd	Increased Number of Conferences and pre-hearings
3rd	More diversified supervision of programs

In table 51 below the principal, only, was to answer the question, "How have the duties listed in response to Table 50 above affected the program of the school?"

Table 51

How have the Additional Duties of the Consent Decree Affected the Program of the School?

a) Taken time from regular programming	95%
b) Time about the same as before	0%
c) Allowed for expanded program with no problems	5%

In Table 51 on the preceding page, 95% of the principals states that the additional duties took time from regular education programming in the schools, 0% responded to "b" of the item, and 5% felt the additional duties allowed for expanded program with no problems.

In Table 52 below, the principals, supervisors, directors or other administrators were to give the percentage of their schedules that was devoted to the Consent Decree.

Table 52
Percentage of Daily Schedule of Principals, Supervisors, Directors or Administrators, Devoted to the Consent Decree

62% of Daily Schedule

Table 52 above shows that principals, supervisors, directors or other administrators who worked with special education, devoted an average of 62% of their daily schedules to the Consent Decree.

Principals and/or Administrators responses to Table 53 on the following page were 33% stating "yes" to the question, "Do you think the overall quality of education for the retarded child has surpassed that given to the regular grade child?" The same group had a response of 30% "no" and 37% "undecided". Those who answered "yes" to the question gave the following reasons: a) more supportive services, b) standards for special education created this quality, c) more effort and funds going to the mentally retarded child.

Table 53

Do You Think the Over-All Quality of Education for the Retarded Child has Surpassed that given to the Regular Grade Child?

Yes	No	Undecided
33%	30%	37%

Table 54

Additional Comments, Remarks and/or Opinions of the Three Groups

Group I	Group II	Group III
a) Vocational training needed for the mentally retarded	a) Consent Decree was long overdue	a) Attitudinal changes needed toward the mentally retarded
b) Mainstreaming a priority for the mentally retarded	b) Excessive paperwork involved in Consent Decree	b) Right to Education beneficial for the mentally retarded
c) Attitudinal changes needed toward the mentally retarded	c) School District constantly on the defensive in the Consent Decree matters	c) Consent Decree helped to create positive attitudes toward mentally retarded

In the final Table 54 above, all of the respondents were asked to supply any additional comments, remarks and/or opinions regarding the Consent Decree. Group I's most commonly cited responses were: a) vocational training needed for the mentally retarded, b) mainstreaming as a priority for the mentally retarded, and c) attitudinal changes needed toward the retarded. The comments of Group II were: a) Consent Decree was long overdue, b) excessive paperwork involved in Consent Decree, and c) school district constantly on the defensive in Consent Decree matters. Finally, Group III added their additional comments as: a) attitudinal changes needed toward the retarded, b) Right to Education beneficial for the retarded, and c) Consent Decree helped create positive attitudes toward mentally retarded.

Rationale for Final Model

For each category an average weight was ascertained by the researcher. This was a simple numerical procedure involving averaging the responses for each of the questions.

Based upon this procedure and for purposes of this model the researcher deemed a weight of 5, extremely important or 4, very important, to be worthy of inclusion in the final model as imperatives. Items ranked 3, moderately important, were excluded from the imperative category, but were retained as being possible suggestions. Items ranked 2, of some importance, items ranked 1, of no importance, and items ranked NA, not applicable, are not included in the final model.

Based upon the results of Questionnaire II, the following pages contain the model that was derived.

A Model Designed to Meet the Impact of the Pennsylvania Right to Education Consent Decree for the Mentally Retarded

Final Form

Area I - Background of Administrators, Supervisors, Teachers and Classroom Aides

Section A - Imperative

1. Administrators, supervisors and teachers should be certified in special education to prepare for the Consent Decree.

2. Administrators, supervisors and teachers should have majored in special education in graduate school to prepare for the Consent Decree.

3. Minoring in special education at a graduate or undergraduate level is necessary for administrators, supervisors and teachers to prepare for the Consent Decree.

Section B - Supplementary Suggestions

4. Teachers and classroom aides need a minimum of 3 years experience in the field of special education to prepare for the Consent Decree.

5. Administrators and supervisors need a minimum of 7 years experience in the field of special education to prepare for the Consent Decree.

6. Administrators, supervisors and teachers should have majored in special education in undergraduate school to prepare for the Consent Decree.

Area II - Personnel Duties and Responsibilities

Section A - Imperative

1. Staff development programs for special education personnel must be held regularly.

Section B - Supplementary Suggestions

2. Regular/ongoing parental contact is the most important responsibility of the special educator to the mentally retarded under the Consent Decree.

3. Record keeping by special educators will be minimal.

4. Accountability is an inherent aspect of the position of special educator under the Consent Decree.

Area III - Programming

Section A - Imperative

1. Adequate funding is necessary for proper Consent Decree programming.

2. Vocational training should have high priority in programming for the mentally retarded.

3. Appropriate placement and program are two areas of greatest importance in the education of the mentally retarded.

4. Teachers and classroom aides will play a major role in implementing the program for the mentally retarded.

5. The classroom teacher will be a prime force in the development of special education plans for the mentally retarded.

Section B - Supplementary Suggestions

6. Parents will play a major role in implementing the program for the mentally retarded.

7. No untrained personnel will be allowed to participate in programs under the Consent Decree.

Area IV - Services

Section A - Imperative

1. It is imperative to have speech therapy as a supportive service in the implementation of the Consent Decree.

2. It is imperative to have physical therapy as a supportive service in the implementation of the Consent Decree.

3. The School District of Philadelphia's Division of Special Education should be the prime resource in the implementation of the Consent Decree.

Section B - Supplementary Suggestions

4. It is imperative to have occupational therapy as a supportive service in the implementation of the Consent Decree.

Area V - Costs

Section A - Imperative

1. Staff development is an element that must be factored into any consideration of Consent Decree implementation.

2. Ancillary services is an element that must be factored into any consideration of Consent Decree implementation.

3. Facilities is an element that must be factored into any consideration of Consent Decree implementation.

4. Equipment is an element that must be factored into any consideration of Consent Decree implementation.

5. Instructional aids is an element that must be factored into any consideration of Consent Decree implementation.

6. Transportation is an element that must be factored into any consideration of Consent Decree implementation.

Section B - Supplementary Suggestions

7. Salaries is an element that must be factored into any consideration of Consent Decree implementation.

Area VI - Parent and Community Involvement

Section A - Imperative

1. Parent involvement should be made an integral part of the implementation of the Consent Decree.

2. Community involvement has substantially increased since the inception of the Consent Decree.

4. Parent involvement should be made a part of the implementation of the Consent Decree in the area of programming.

Section B - Supplementary Suggestions

5. Parent involvement should be made part of the implementation of the Consent Decree in the area of parent organizations.

6. Parent involvement should be made part of the implementation of the Consent Decree in the area of curriculum development.

Area VII - Due Process

Section A - Imperative

1. Due process must be afforded to all mentally retarded children under the Consent Decree.

2. Classroom teachers should be required to attend due process hearings when they have had contact with the mentally retarded child to be given placement.

3. All pupil records for the mentally retarded must be centrally located in the school of attendance and available to parents on request.

4. The processes of identification and proper placement for the mentally retarded are imperative.

Chapter V

Summary, Conclusions and Recommendations

Summary:

The purpose of this dissertation was to design a model which would meet the impact of the Pennsylvania Right to Education Consent Decree.

Prior to establishing the model, it was necessary to research the areas of impact of the Right to Education Consent Decree. This was achieved through the reading of related literature and feedback from 2 questionnaires. Questionnaire 1 was sent to 21 special education teachers, 15 special classroom aides, 10 parents of retarded school age children, 8 special education supervisors, 6 principals and administrative assistants in schools that had special classes, 9 speech, physical and occupational therapists, counselors and nurses, 4 school psychologists, 10 central office special education administrators, 5 special education related school district administrators, such as, a district superintendent, director and assistant directors of special education, and administrative assistants to these administrators and 22 special education related community and state agency administrators. All of the previously mentioned persons had some direct and/or indirect contact with the Consent Decree and its impact on the School District of Philadelphia.

Questionnaire II was sent to 17 supervisors of special education for the School District of Philadelphia. These supervisors were responsible for monitoring the implementation of the Right to Education Consent Decree for the School District of Philadelphia. Questionnaire II formed the basis for the final model. The 17 supervisors critiqued the model. It was from these critiques that the author developed the final model.

The final model was divided into 7 areas of impact:

1. Background of administrators, teachers and aides.
2. Personnel duties and responsibilities.
3. Programming.
4. Services.
5. Costs.
6. Parent and community involvement.
7. Due process.

The important findings that stemmed from the final model were:

1. Experience and certification in the field of special education were considered imperative qualities for professionals responsible for the implementation of the Consent Decree.

2. Staff development should be an ongoing supplement to the training program for special education personnel.

3. Adequate funding is necessary in order to deliver an appropriate program for the retarded pupil.

4. A vocational training program should be a vital part of the programming for the retarded pupil.

5. Appropriate program and placement are extremely important areas in the education of the retarded pupil.

6. The major role in implementing the program for the retarded pupil will be handled by the classroom teachers and aides.

7. The special class teacher will be a prime force in the development of special education programs for the retarded pupil.

8. Major supportive services in the implementation of the Consent Decree are speech and physical therapy.

9. The Division of Special Education, School District of Philadelphia, should be the major resource in the implementation of the Consent Decree.

10. Staff development, ancillary services, facilities, equipment, instructional aids and transportation are elements that must be factored into any consideration of the Consent Decree implementation.

11. Parent involvement should be made an integral part of the implementation of the Consent Decree, and particularly in the area of programming.

12. Community involvement has increased substantially over the years since the inception of the Consent Decree.

13. The retarded pupil must be afforded due process.

14. Attendance by the retarded pupil's classroom teacher at a due process hearing should be required.

15. All retarded pupil's records must be easily accessible to parents on request.

16. Identification and proper placement of retarded pupils are imperative.

Conclusions:

From the survey of the literature on the subject, and the increased emphasis on the training and education of the mentally retarded, it is evident that the field of education will be looking for new and innovative ideas that will aid them in developing quality programs for the mentally retarded pupil. The model developed by this writer will be a resource for all of the special education personnel who are responsible for implementing a quality program for the mentally retarded pupil.

The major aim of the Pennsylvania Right to Education Consent Decree and similar legislation, such as, the Education for All Handicapped Children Act: Public Law 94-142, was to establish the mentally retarded person as a human being with all the rights, privileges, needs, and cares of other human beings. This writer strongly feels that a contribution similar to this dissertation will help to place the mentally retarded pupil in a position of human status, and also enhance our own humanity.

Recommendations:

After completing this study, the researcher recommends the following:

1. That all personnel dealing with programs for the mentally retarded use this model over varied time lines so that it can be evaluated in terms of its effectiveness.

2. That various portions of the dissertation be expanded and possibly become the subject for other research projects.

3. That certain areas of the dissertation be used as guides for any personnel conducting duties in their own everyday projects and activities with the mentally retarded.

4. That anyone who reads this dissertation will inherit a spirit of hope and positiveness for the mentally retarded pupil, and will inspire others to be advocates for this group of people in our society.

Appendix A

Amended Consent Decree

Basic Education Handbook - 131-000

Order and Injunction

AND NOW, this 5th day of May, 1972, it is ORDERED that the AMENDED STIPULATION and AMENDED CONSENT AGREEMENT are APPROVED and ADOPTED as fair and reasonable to all members of both the plaintiff and defendant classes.

IT IS FURTHER ORDERED that the defendants; the Commonwealth of Pennsylvania, the Secretary of the Department of Education, the State Board of Education, the Secretary of the Department of Public Welfare, the named defendant school districts and intermediate units and each of the school districts and intermediate units in the Commonwealth of Pennsylvania, their officers, employees, agents and successors are ENJOINED as follows:

(a) from applying Section 1304 of the Public School Code of 1949, 24 Purd. Stat. Sec. 1304, so as to postpone or in any way deny to any mentally retarded child access to a free public program of education and training;

(b) from applying Section 1326 or Section 1330(2) of the School Code of 1949, 24 Purd. Stat. Secs 13-1326 and 13-1330(2) so as to postpone, to terminate or in any way deny to any mentally retarded child access to a free program of education and training;

(c) from applying Section 1371(1) of the School Code of 1949, 24 Purd. Stat. Sec. 13-1371 so to deny to any mentally retarded child access to a free public program of education and training;

(d) from applying Section 1376 of the School Code of 1949, 24 Purd. Stat. Sec. 13-1376, so as to deny tuition and maintenance to any mentally retarded person except on the same terms as may be applied to other exceptional children, including brain damaged children generally;

(e) from denying homebound instruction under 1372(3) of the School Code of 1949, 24 Purd. Stat. Sec. 13-1372(3) to any mentally retarded child merely because no physical disability accompanies the retardation or because retardation is not a short-term disability;

(f) from applying Section 1375 of the School Code of 1949, 24 Purd. Stat. Sec. 13-1375, so as to deny to any mentally retarded child access to a free public program of education and training;

(g) to provide, as soon as possible but in no event later than September 1, 1972, to every retarded person between the ages of six and twenty-one years as to the date of his Order and thereafter, access to a free public program of education and training appropriate to his learning capacities;

(h) to provide, as soon as possible but in no event later than September 1, 1972, wherever defendants provide a pre-school program of education and training for children aged less than six years of age, access to a free public program of education and training appropriate to his learning capacities to every mentally retarded child of the same age;

(i) to provide notice and the opportunity for a hearing prior to a change in educational status of any child who is mentally retarded or thought to be mentally retarded;

(j) to re-evaluate the educational assignment of every mentally retarded child not less than every two years, or annually upon the parents' request, and upon such re-evaluation, to provide notice and the opportunity for a hearing.

/s/ Arlin M. Adams
Arlin M. Adams, Circuit Judge

/s/ Thomas A. Masterson
Thomas A. Masterson, District Judge

/s/ R.J. Broderick
Raymond J. Broderick, District Judge

Appendix B

Right to Education - Consumer Publications

The following is a compilation of the most active consumer group agencies and their publications that were instrumental in helping to inform parents of the retarded of their rights.

1. Due Process and the Exceptional Child - A Guide for Parents, Education Law Center, Inc., Jan. '76, Phila., 17 pgs.

The booklet was designed to assist parents in understanding and in effectively implementing certain state procedures which were adopted in June 1975 as part of Pennsylvania's new Special Education Regulations.

2. How to Look at Your State's Plans for Educating Handicapped Children. The Children's Defense Fund, Wash., D.C., 20036, Fall '75.

3. The Right to Education Handbook, prepared by Public Interest Law Center of Philadelphia, Oct. '76, 52 pgs.

The handbook intended to help in three ways: (a) by telling the rights in detail, (b) by telling you what the schools are supposed to do, (c) by suggesting some ways you can prepare for negotiations, or conferences, or hearings, or local task force meetings to improve the education of each child.

4. Help for Parents of Handicapped Children, an annotated bibliography, Eastern Pa. Regional Resources Center for Special Education, '75, 108 pgs.

5. Take Steps for Your Child's Right to Education, Pennsylvania Association for Retarded Citizens, Inc. '72.

Listed five steps in the placement process with explanations and sample letters to use in the process. Five steps were: Step 1, Identification; Step 2, Registration; Step 3, Testing; Step 4, Agreement; Step 5, Hearing.

6. Practical Advice to Parents, a guide to finding help for handicapped children and youth, Closer Look - The National Information Center for the Handicapped, Washington, D.C., 20013, June '74, 20 pgs.

7. Publications List - Retarded Citizens can be Helped, National Association for Retarded Citizens, April '74.

8. Pennsylvania Right to Education, Contact People for Questions, Information and Problem Solving, Pennsylvania Department of Education, 1975.

Pamphlet listed all of the county special education offices, addresses and phone numbers.

9. Fact Sheet - The Right to Education, The Pennsylvania Associations for Retarded Children, Inc., '72.

Pamphlet covered the major components of the Consent Decree.

10. Parents of Retarded Children. It's Your Child's Right, Philadelphia Association for Retarded Citizens, 1972, pamphlet.

Pamphlet covered such topics as: (a) Evaluation, (b) Classroom, (c) Transportation, (d) Supportive Services, (e) Alternatives.

11. Your Child's Right to Education Depends on You, Pennsylvania Association for Retarded Citizens, 1973, pamphlet.

The pamphlet covered such topics as: (a) appropriate programs of education and training, (b) notification of any change in educational placement, (c) annual re-evaluation if requested, (d) due process hearing if needed.

12. Handbook for Right to Education Task Force Members, Right to Education Office, Pennsylvania Department of Education, 1976.

Information contained in this handbook should lead to a better informed membership, which will insure a more effective network of local task forces acting to benefit all mentally retarded persons in the commonwealth.

13. Hearing Officers Handbook, Pennsylvania Department of Education, 1976, 35 pp.

This handbook explains the function and role of the hearing officer in determining an appropriate educational placement and programs for handicapped and/or exceptional school-aged persons requesting a due process hearing.

14. A Parent Guide to Special Education, Iowa Association for Retarded Citizens, 1707 High Street, Des Moines, Iowa 50309.

15. You Can Get Your Child Into School, Virginia Association for Retarded Citizens, 817 East Main Street, Suite 1801, Richmond, Virginia 23219.

16. The EPPC. . . And the Role of the Parent Representative, Michigan Association for Retarded Citizens, 416 Michigan National Tower, Lansing, Michigan 48933.

17. A Primer on Due Process, Council for Exceptional Children, Publication Sales, 1920 Association Drive, Reston, Virginia 22091.

18. A Continuing Summary of Pending and Completed Litigation Regarding the Education of Handicapped Children, State-Federal Information Clearinghouse for Exceptional Children, The Council for Exceptional Children, 1920 Association Drive, Reston, Virginia 22091.

19. State Law and Education of Handicapped Children: Issues and Recommendations, The Council for Exceptional Children, 1920 Association Drive, Reston, Virginia 22091.

Appendix C

District 8 - Special Classes Mentally Retarded

June, 1971

Source - End of Year Report - Form E15

School	Class(es)	Type(s)	Pupils
Decatur	1	*El.E.M.R.	10
Disston	1	"	14
Fitzpatrick	1	"	12
Forrest	1	"	13
Hancock	1	"	13
Jacobs	8	**Sec.E.M.R.	140
Spruance	2	El.E.M.R.	28
	3	***Sec.T.M.R.	23
Torresdale	2	El.E.M.R.	32
	6	****El.T.M.R.	68

Totals	El.E.M.R.	(Pupils)	142	(Classes)	- 7
	Sec.E.M.R.	(Pupils)	140	(Classes)	- 8
	El.T.M.R.	(Pupils)	68	(Classes)	- 6
	Sec.T.M.R.	(Pupils)	23	(Classes)	- 3
Grand Totals		(Pupils)	373	(Classes)	24

* El.E.M.R. - Elementary Educable Mentally Retarded

**Sec.E.M.R. - Secondary Educable Mentally Retarded

***Sec.T.M.R. - Secondary Trainable Mentally Retarded

****El.T.M.R. - Elementary Trainable Mentally Retarded

District 8 - Special Classes Mentally Retarded

June, 1972

Source - End of Year Report - Form E15

School	Class(es)	Type(s)	Pupils
Decatur	1	*El.E.M.R.	9
Disston	1	"	16
Fitzpatrick	1	"	12
Forrest	1	"	13
Hancock	1	"	13
Jacobs	9	**Sec.E.M.R.	148
Spruance	1	El.E.M.R.	16
	2	***Sec.T.M.R.	26
Torresdale	2	El.E.M.R.	32
	7	****El.T.M.R.	83

Totals	El.E.M.R.	(Pupils)	130	(Classes)	- 8
	Sec.E.M.R.	(Pupils)	123	(Classes)	- 9
	El.T.M.R.	(Pupils)	83	(Classes)	- 7
	Sec.T.M.R.	(Pupils)	26	(Classes)	- 2
Grand Totals		(Pupils)	362	(Classes)	26

* El.E.M.R. - Elementary Educable Mentally Retarded

**Sec.E.M.R. - Secondary Educable Mentally Retarded

***Sec.T.M.R. - Secondary Trainable Mentally Retarded

****El.T.M.R. - Elementary Trainable Mentally Retarded

District 8 - Special Classes Mentally Retarded

June, 1973

Source - End of Year Report - Form E15

School	Class(es)	Type(s)	Pupils
Decatur	1	*El.E.M.R.	12
Disston	1	"	20
	2	**S.P.I.	11
Fitzpatrick	1	El.E.M.R.	8
Forrest	1	"	15
Hancock	1	"	12
Jacobs	9	***Sec.E.M.R.	138
Pinehill	3	S.P.I.	23
Spruance	1	El.E.M.R.	15
	2	****Sec.T.M.R.	24
	3	S.P.I.	19
Torresdale	2	El.E.M.R.	34
	9	*****El.T.M.R.	97

Totals	El.E.M.R.	(Pupils)	117	(Classes)	- 8
	Sec.E.R.R.	(Pupils)	138	(Classes)	- 9
	El.T.M.R.	(Pupils)	97	(Classes)	- 9
	Sec.T.M.R.	(Pupils)	24	(Classes)	- 2
	S.P.I.	(Pupils)	53	(Classes)	- 8
Grand Totals		(Pupils)	429	(Classes)	36

*El.E.M.R. - Elementary Educable Mentally Retarded

**S.P.I. - Severely-Profoundly Impaired

***Sec.E.M.R. - Secondary Educable Mentally Retarded

****Sec.T.M.R. - Secondary Trainable Mentally Retarded

*****El.T.M.R. - Elementary Trainable Mentally Retarded

District 8 - Special Classes Mentally Retarded
June, 1974
Source - End of Year Report - Form E15

School	Class(es)	Type(s)	Pupils
Decatur	1	*El.E.M.R.	11
Disston	1	"	16
	2	**S.P.I.	8
Farrell	1	***El.E.MR/E.D.	5
	1	S.P.I.	4
Fitzpatrick	1	El.E.M.R.	12
Forrest	1	"	18
Hancock	1	"	15
Jacobs	9	****Sec.E.M.R.	143
Pinehill	7	S.P.I.	51
Spruance	1	El.E.M.R.	16
	3	S.P.I.	24
	5	*****Sec.T.M.R.	59
Torresdale	2	El.E.M.R.	29
	9	******El.T.M.R.	77

Totals	El.E.M.R. & El.E.MR/E.D.	(Pupils)	122	(Classes)	- 9
	Sec.E.M.R.	(Pupils)	143	(Classes)	- 9
	El.T.M.R.	(Pupils)	77	(Classes)	- 9
	Sec.T.M.R.	(Pupils)	59	(Classes)	- 5
	S.P.I.	(Pupils)	87	(Classes)	- 13
Grand Totals		(Pupils)	488	(Classes)	45

*El.E.M.R. - Elementary Educable Mentally Retarded

**S.P.I. - Severely-Profoundly Impaired

***El.E.MR/E.D. - Elementary Educable Mentally Retarded/Emotionally Disturbed

****Sec.E.M.R. - Secondary Educable Mentally Retarded

*****Sec.T.M.R. - Secondary Trainable Mentally Retarded

******El.T.M.R. - Elementary Trainable Mentally Retarded

District 8 - Special Classes Mentally Retarded
June, 1975
Source - End of Year Report - Form E15

School	Class(es)	Type(s)	Pupils
Decatur	1	*El.E.M.R.	15
Disston	1	"	12
Farrell	1	**El.E.MR/E.D.	7
	2	***S.P.I.	11
Fitzpatrick	1	El.E.M.R.	11
Forrest	1	"	8
Hancock	1	"	14
Jacobs	9	****Sec.E.M.R.	136
Pinehill	8	S.P.I.	62
Spruance	1	El.E.M.R.	11
	12	*****Sec.T.M.R.	100
	3	S.P.I.	23
Torresdale	2	El.E.M.R.	31
	6	******El.T.M.R.	44

Totals	El.E.M.R. & El.E.MR/E.D.	(Pupils)	99	(Classes)	- 9
	Sec.E.M.R.	(Pupils)	136	(Classes)	- 9
	El.T.M.R.	(Pupils)	44	(Classes)	- 6
	Sec.T.M.R.	(Pupils)	100	(Classes)	- 12
	S.P.I.	(Pupils)	96	(Classes)	- 13
Grand Totals		(Pupils	475	(Classes)	49

*El. E.M.R. - Elementary Educable Mentally Retarded

**El.E.MR/E.D. - Elementary Educable Mentally Retarded/Emotionally Disturbed

***S.P.I. - Severely-Profoundly Impaired

****Sec.E.M.R. - Secondary Educable Mentally Retarded

*****Sec.T.M.R. - Secondary Trainable Mentally Retarded

******El.T.M.R. - Elementary Trainable Mentally Retarded

District 8 - Special Classes Mentally Retarded
June, 1976
Source - End of Year Report - Form E15

School	Class(es)	Type(s)	Pupils
Decatur	1	*El.E.M.R.	11
Disston	1	"	20
Farrell	1	**El.E.MR/E.D.	7
	2	***S.P.I.	14
Fitzpatrick	1	El.E.M.R.	12
Forrest	1	"	8
Hancock	1	"	13
Jacobs	9	****Sec.E.M.R.	147
Pinehill	8	S.P.I.	63
Spruance	1	El.E.M.R.	10
	3	S.P.I.	24
	12	*****Sec.T.M.R.	111
Torresdale	2	El.E.M.R.	24
	5	******El.T.M.R.	44
	1	S.P.I.	5

Totals	El.E.M.R. & El.E.MR/E.D.	(Pupils)	105	(Classes)	- 9
	Sec. E.M.R.	(Pupils)	147	(Classes)	- 9
	El.T.M.R.	(Pupils)	44	(Classes)	- 5
	Sec.T.M.R.	(Pupils)	111	(Classes)	- 12
	S.P.I.	(Pupils)	106	(Classes)	- 14
Grand Totals		(Pupils)	513	(Classes)	49

*El.E.M.R. - Elementary Educable Mentally Retarded

**El.E.MR/E.D. - Elementary Educable Mentally Retarded/Emotionally Disturbed

***S.P.I. - Severely-Profoundly Impaired

****Sec.E.M.R. - Secondary Educable Mentally Retarded

*****Sec.T.M.R. - Secondary Trainable Mentally Retarded

******El.T.M.R. - Elementary Trainable Mentally Retarded

Appendix D

Commonwealth Right to Education
Evaluation Form (COMPILE)

Circle and Complete	Non-Attendant in Public School Dist_____	Now attends: ______________ School	Re-Exam of Special Class Child

Commonwealth Right to Education
Evaluation Form

Please follow the directions so that information obtained on this form will remain consistent with other data collection documents. Print all responses.

All disciplines necessary for evaluation of the person should be contacted and/or requested to perform an examination. The results of the examination(s) will be attached to the back of this form. This data will be used for subject assessment and program design decisions. If there is a variable between the evaluator's and the person's language, then the evaluation shall be carried out in the person's language. Any assessment instruments used should be in the person's primary language.

The psychologist is responsible for securing the participation of those individuals necessary to obtain the required information. (Refer to Compile task outline).

PLEASE PRINT - Obtain data from RPM (Part I). Child Code: - - - -

(1.0) Name______________ Last (2.0)______ First (3.0)______ Middle Initial

(4.0) Birth______________ Month Day Year (5.0) (M or F)_____ Sex

(6.0)______________________________ Street Address

(7.0)______________________________ City, Town or Boro ________ Zip Code

Parents' Names (full if Different)__________ Mother __________ Father

(8.0) Phone Number______________________________ (If none - indicate any phone number by which parent may be located)

Enter the County and District Code numbers where the subject currently resides.

(9.1) __/__ County (9.2) __/__/__ District

(10.0) Contacts: (List all that are identified)

Person or Agency	Area Code/ Telephone No.
Family________________	____________
Social Worker________________	____________
Physician________________	____________
Teacher________________	____________
MH/MR________________	____________
Other________________	____________

(11.1) Has the person ever applied to a program of education, training or therapy? ( ) Yes ( ) No

If Yes, specify: ______________________

(11.2) If Yes, was he accepted? ( ), rejected? ( ), situation unknown ( )?

Levels of Functioning

(12.0) Physical Development

Enter the person's health history, including the dates (ages) of physical changes, problems, illnesses, medical treatment and results of treatment. Record as much detail as necessary to give an accurate picture of the person's physical development.

Answers to these questions, and other health information are to be determined by the physician or from health records. Attach relevant health records or information to the back of this evaluation form.

(12.1) General Health

(12.1.1) Note the general physical condition of the person. ( ) good, ( ) fair, ( ) poor

(12.1.2) Is person on medication? ( ) Yes ( ) No
If Yes, specify: ____________________________

(12.1.3) Is on-going medical supervision required?
( ) Yes ( ) No

For what reason? __________________ (e.g. Heart Condition)

(12.1.4) List the family physician, other physicians and other professionals who have recently had contact with the person and the reason for that contact.

____
____
____
____

(12.2) Specific Health
Is the person known to have, or has he evidenced:

(12.2.1) Gross physical impairments? (list)

____
____
____
____

		Tested		Date and Type of Test	Where and by Whom
Yes	No	Yes	No		

(12.2.2) Cerebral palsy

____
____
____

(12.2.3) Glandular disorder(s)?

(12.2.4) Chronic Conditions or other identifying medical handicapping conditions?

____
____
____

(12.2.5) Hearing Problem(s)

(12.2.6) Vision Problem(s)

(12.2.7) Speech Problem(s)

		Tested			
Yes	No	Yes	No	Date and Type of test	Where and by Whom

(12.2.8) Developmental Problem(s)

(12.2.9) Seizures (list type and frequency)

____

____

____

(12.2.10) Fatigability

(12.2.11) Neurological impairment (list type)

____

____

____

(12.2.12) Emotional Disturbance (To be completed by a psychiatrist, or on the basis of a psychiatric diagnosis only if emotional disturbance is indicated.)

Through observation, or discussion with those familiar with the person, indicate if the person has demonstrated the behaviors listed below. Observers have the option to use the methods they feel are appropriate to elicit the required response. However, other than explaining or demonstrating what is required, the observer should not aid the subject in performing the behavior. We are trying to identify the person's behavior, not the observer's.

(13.0) Motor Development

(13.1) Gross Motor

(13.1.1) Raises head ( ) Yes ( ) No
(13.1.2) Moves hands ( ) Yes ( ) No
(13.1.3) Sits (aided or unaided) ( ) Yes ( ) No
(13.1.4) Crawls using hands and feet ( ) Yes ( ) No
(13.1.5) Walks without assistance ( ) Yes ( ) No
(13.1.6) Runs ( ) Yes ( ) No
(13.1.7) Skips with both feet ( ) Yes ( ) No

(13.2) Fine Motor

(13.2.1) Extends fingers ( ) Yes ( ) No
(13.2.2) Grasps objects ( ) Yes ( ) No
(13.2.3) Bangs two objects together ( ) Yes ( ) No
(13.2.4) Uses hands for eating ( ) Yes ( ) No
(13.2.5) Uses fingers in a pincer movement ( ) Yes ( ) No
(13.2.6) Puts shapes into corresponding holes ( ) Yes ( ) No

(13.3) Visual Motor

(13.3.1) Attends to visual stimuli ( ) Yes ( ) No
(13.3.2) Eyes follow moving object ( ) Yes ( ) No
(13.3.3) Circularly tracks using both eyes ( ) Yes ( ) No
(13.3.4) Matches 3 primary colors ( ) Yes ( ) No
(13.3.5) Discriminates between fine sizes and shapes ( ) Yes ( ) No

(13.4) Auditory

(13.4.1) Responds with startle to loud noise ( ) Yes ( ) No
(13.4.2) Turns head or eyes to auditory stimuli ( ) Yes ( ) No
(13.4.3) Changes activity with change of sound ( ) Yes ( ) No
(13.4.4) Identifies low/high sounds ( ) Yes ( ) No

(13.5) Tactile/Kinesthetic

(13.5.1) Touches, picks up, holds objects ( ) Yes ( ) No
(13.5.2) Matches like objects that are wet and dry, smooth and rough ( ) Yes ( ) No
(13.5.3) Determines which of two objects is heavier ( ) Yes ( ) No
(13.5.4) Walks straight line ( ) Yes ( ) No

(14.0) Intellectual Development

(14.1) Self Concept

(14.1.1) Has eye contact ( ) Yes ( ) No
(14.1.2) Smiles in response to another person's smile ( ) Yes ( ) No

(14.1.3) Identifies body parts upon request ( ) Yes ( ) No

(14.1.4) Recognizes seeing self in mirror ( ) Yes ( ) No

(14.1.5) Answers to own first name (verbal or non-verbal response) ( ) Yes ( ) No

(14.1.6) Identifies self in photograph ( ) Yes ( ) No

(14.1.7) Demonstrates sense of humor ( ) Yes ( ) No

(14.2) Communication

(14.2.1) Uses movements and gestures to denote needs ( ) Yes ( ) No

(14.2.2) Makes sounds to get attention ( ) Yes ( ) No

(14.2.3) Imitates sounds ( ) Yes ( ) No

(14.2.4) Names objects ( ) Yes ( ) No

(14.2.5) Responds verbally to questions ( ) Yes ( ) No

(14.2.6) Uses vocal sounds to denote needs ( ) Yes ( ) No

(14.2.7) Verbalizes with specific words to denote needs ( ) Yes ( ) No

(14.2.8) Follows simple directions ( ) Yes ( ) No

(14.2.9) Speaks and is understood by people other than immediate family ( ) Yes ( ) No

(14.2.10) Converses in phrases ( ) Yes ( ) No

(14.2.11) Converses in simple sentences ( ) Yes ( ) No

(14.2.12) Reads with comprehension and understanding (see reading test scores) ( ) Yes ( ) No

(14.2.13) Writes words legibly ( ) Yes ( ) No

(14.2.14) Writes sentences legibly ( ) Yes ( ) No

(14.3) Conceptual

Recognizes:

(14.3.1) Sizes ( ) Yes ( ) No

(14.3.2) Shapes ( ) Yes ( ) No

(14.3.3) Coins ( ) Yes ( ) No

(14.3.4) Numerals ( ) Yes ( ) No

Matches:

(14.3.5) Sizes ( ) Yes ( ) No

(14.3.6) Shapes ( ) Yes ( ) No

(14.3.7) Coins ( ) Yes ( ) No

(14.3.8) Numerals ( ) Yes ( ) No

Sorts:

(14.3.9) Sizes ( ) Yes ( ) No
(14.3.10) Shapes ( ) Yes ( ) No
(14.3.11) Coins ( ) Yes ( ) No
(14.3.12) Numerals ( ) Yes ( ) No

(14.3.13) Counts by rote ( ) Yes ( ) No
(14.3.14) Identifies second, third, etc., position in set of 5 or 10 objects ( ) Yes ( ) No
(14.3.15) Adds ( ) Yes ( ) No
(14.3.16) Subtracts ( ) Yes ( ) No
(14.3.17) Multiplies ( ) Yes ( ) No
(14.3.18) Divides ( ) Yes ( ) No
(14.3.19) Solves simple problems ( ) Yes ( ) No
(14.3.20) Uses judgment and reasoning in common sense situations ( ) Yes ( ) No

(15.0) Social

(15.1) Self Care

(15.1.1) Is toilet trained ( ) Yes ( ) No
(15.1.2) Feeds Self ( ) Yes ( ) No
(15.1.3) Washes hands ( ) Yes ( ) No
(15.1.4) Washes face ( ) Yes ( ) No
(15.1.5) Brushes teeth ( ) Yes ( ) No
(15.1.6) Cares for nose ( ) Yes ( ) No
(15.1.7) Cares for clothing ( ) Yes ( ) No
(15.1.8) Cares for hair ( ) Yes ( ) No
(15.1.9) Demonstrates knowledge (verbally or behaviorally) of safety precautions for a variety of encountered situations ( ) Yes ( ) No
(15.1.10) Cares for self with help ( ) Yes ( ) No
(15.1.11) Cleans up after self ( ) Yes ( ) No

(15.2) Self Help and Independence

(15.2.1) Achieves all self care skills without assistance ( ) Yes ( ) No
(15.2.2) Follows task through to completion ( ) Yes ( ) No
(15.2.3) Rides bus or train by self (public transportation) ( ) Yes ( ) No
(15.2.4) Makes choices ( ) Yes ( ) No
(15.2.5) Assumes responsibility for a task ( ) Yes ( ) No

(15.2.6) Participates in skills of home and family living ( ) Yes ( ) No
(15.2.7) Participates in recreation activities outside the home ( ) Yes ( ) No
(15.2.8) Discusses or demonstrates community responsibilities ( ) Yes ( ) No
(15.2.9) Shows increasing independence but asks for help when necessary ( ) Yes ( ) No

(15.3) Social Interaction

(15.3.1) Isolates self with no activity ( ) Yes ( ) No
(15.3.2) Plays, works alone ( ) Yes ( ) No
(15.3.3) Plays, works with another ( ) Yes ( ) No
(15.3.4) Plays, works in a group ( ) Yes ( ) No
(15.3.5) Behaves within defined limits, respects property of others ( ) Yes ( ) No
(15.3.6) Follows simple directions ( ) Yes ( ) No
(15.3.7) Follows detailed directions ( ) Yes ( ) No
(15.3.8) Organizes daily activities ( ) Yes ( ) No
(15.3.9) Plans for future activities ( ) Yes ( ) No
(15.3.10) Adjusts behavior to fit rules in a given situation ( ) Yes ( ) No

(15.4) Pre-vocational

(15.4.1) Identifies own skills ( ) Yes ( ) No
(15.4.2) Locates job possibilities in community ( ) Yes ( ) No
(15.4.3) Determines need for training ( ) Yes ( ) No
(15.4.4) Fills out application forms ( ) Yes ( ) No
(15.4.5) Role plays on-the-job behaviors ( ) Yes ( ) No
(15.4.6) Budgets paycheck ( ) Yes ( ) No

(15.5) Vocational

(15.5.1) Uses specific tools ( ) Yes ( ) No
(15.5.2) Solves specific job-related problems ( ) Yes ( ) No
(15.5.3) Completes job task ( ) Yes ( ) No
(15.5.4) Asks for additional tasks when present task is completed ( ) Yes ( ) No
(15.5.5) Responds in a positive verbal manner toward job situations ( ) Yes ( ) No
(15.5.6) Demonstrates skills related to specific areas ( ) Yes ( ) No

(15.5.7) Parents' comments about person working are:
( ) positive ( ) negative

(15.5.8) Work Experience:______________________________

(15.5.8.1) Title of last job from Dictionary of Occupational Titles (D.O.T.)
Title______________________ and Code________

(15.5.8.2) Date last employed _______/_______

(15.5.8.3) Months on last job ________

(15.5.8.4) Did person leave voluntarily? ( ) Yes ( ) No
Remarks:___________________________________
____
____

Areas of Assessment

Check the assessment instrument(s) or device(s) used with the person. Record the scores in the right hand column noting sub-test scores if appropriate. If a test other than those listed was used, check the "others" choice at the end of the listing and specify the tests(s) used and the score(s).

If the instrument(s) result in narrative descriptions instead of scores, include (19.0) the narrative(s) or summary at the end of this form.

(16.0)	Physical Development	
	Used Instrument Name	Scores
(16.1)	( ) Bender-Gestalt Test	_____
(16.2)	( ) Illinois Test of Psycholinguistic Abilities	
	Visual Reception	_____
	Visual Sequential Memory	_____
	Auditory Vocal Association	_____
	Auditory Sequential Memory	_____
	Visual Motor Association	_____
	Visual Closure	_____
	Verbal Expression	_____
	Grammatic Closure	_____
	Manual Expression	_____
	Auditory Closure	_____
	Sound Blending	_____

Scores

(16.3) ( ) Frostig Developmental Test of Visual Motor Perception

Eye-Motor Coordinator ______
Figure-Ground Discrimination ______
Form Constancy ______
Position in Space ______
Perceptual Quotient (Total) ______

(16.4) ( ) Minnesota Percepto-Diagnostic Test Scores ______
______
______

(16.5) ( ) Raven Progressive Matrices Scores ______
______
______
______

(16.6) ( ) Winter Haven Test ______
(16.7) ( ) Benton Revised Visual Retention Test Scores ______
______

(16.8) ( ) Lincoln-Oseretsky Motor Development Scores ______
______
______

(16.9) ( ) Sklar Aphasic Scale Scores ______
______
______

(16.10) ( ) Screening Test for Aphasia Scores ______
______
______

( ) Hiskey-Nebraska Test Scores ______
______
______

(16.12) ( ) Wepman Auditory Discrimination Test ______
(16.13) ( ) Denver Developmental Screening Test ______
(16.14) ( ) Bayley Scale of Infant Development ______
(16.16) ( ) Others; List:
______________________________ ______
______________________________ ______
______________________________ ______

(17.0) Intellectual Development

Used Instrument Name **Scores**

(17.1) ( ) Wechsler Preschool and Primary Scale of Intelligence

Verbal IQ ______

Scores

Performance IQ ______
Full Scale IQ ______

(17.2) ( ) Wechsler Intelligence Scale for Children
Verbal IQ ______
Performance IQ ______
Full Scale IQ ______

(17.3) ( ) Revised Stanford-Binet IQ ______

(17.4) ( ) Peabody Picture Vocabulary
Mental Age ______
Standard Score IQ ______
Percentile ______

(17.5) ( ) Goodenough-Harris Drawing Test ______
Point Scale Percentile Rank ______
Quality Scale Percentile Rank ______

(17.6) ( ) Slosson Intelligence Test
IQ ______

(17.7) ( ) Wide Range Achievement Test Oral
Reading Grade Equivalent ______
Spelling ______
Arithmetic Computation ______

(17.8) ( ) Columbia Mental Maturity Scale
IQ ______

(17.9) ( ) Leiter International Performance Scale IQ ______

(17.10) ( ) Ammons Full Range Picture Vocabulary Scale
Scores ______
______
______

(17.11) ( ) Arthur Point Scale of Performance
Scores ______
______
______

(17.12) ( ) Minnesota Pre-School Scale
Scores ______
______
______

			Scores
(17.13)	( )	Gray Oral Reading Test	
		Speed	______
		Accuracy	______
		Comprehension	______
(17.14)	( )	French's Picture Test of Intelligence	______
(17.15)	( )	Others; List:	
		______________________	______
		______________________	______
		______________________	______

(18.0) Social Development

	Used	Instrument Name	Scores
(18.1)	( )	Vineland Social Maturity Scale Social Age	______
(18.2)	( )	Gesell Developmental Schedules	______
(18.3)	( )	Gaine-Levine Social Competency Scale	______
(18.4)	( )	Hand Test	______
(18.5)	( )	Rotter Incomplete Sentences	______
(18.6)	( )	Draw-a-Person	______
(18.7)	( )	House-Tree-Person	______
(18.8)	( )	Children's Apperception Test	______
(18.9)	( )	Thematic Apperception Test	______
(18.10)	( )	Rorschach	______
(18.11)	( )	Others; List:	
		______________________	______
		______________________	______
		______________________	______

Report the results of any assessment instrument(s) used in (16.0), (17.0), or (18.0) which resulted in narrative descriptions. Record the test number first (e.g. 18.9 - Thematic Apperception Test) and the summary and results.

(19.0)	Instrument	Summary
	______________	______________________
		______________________
		______________________
		______________________
	______________	______________________
		______________________
		______________________
		______________________

Instrument	Summary
____________________	________________________________
	________________________________
	________________________________
	________________________________
____________________	________________________________
	________________________________
	________________________________
	________________________________

(20.0) Vocational Assessments

List skills, areas, aptitudes (e.g. NATB - Non-reading Aptitude Test Battery) and job samples (e.g. Tower's Test):

____

____

____

(21.0) Personnel Involved in Providing Evaluation Input:

(21.1) ☐ Educator
(21.2) ☐ Social Worker
(21.3) ☐ Home and School Visitor
(21.4) ☐ Speech Therapist
(21.5) ☐ Occupational Therapist
(21.6) ☐ Physical Therapist
(21.7) ☐ Physician
(21.8) ☐ Psychiatrist
(21.9) ☐ Psychologist
(21.10) ☐ Ophthalmologist
(21.11) ☐ Optometrist
(21.12) ☐ Audiologist
(21.13) ☐ Neurologist
(21.14) ☐ Pediatrician
(21.15) ☐ Nurse
(21.16) ☐ Others; List:

____

____

____

Program Prescription

Check the type of program(s) under (22.0) that the evaluation team recommends based upon consideration of necessary program services according to data from this form and any other information. If "others" is recommended, please note what they are. If the person is already in a program, but the team feels the program should be changed, enter the change below. If you feel the current program is appropriate, enter the placement number below. In the space below describe a program for the person based on the preceding findings. (Also indicate service recommendations on the RPM)

Supportive Services:

(22.0) Recommended Placement

(22.1) ( ) Regular Class
(22.2) ( ) EMR (Specific content per program prescription)
(22.3) ( ) TMR (Specific content per program prescription)
(22.4) ( ) Resource Room
(22.5) ( ) Pre-Vocational or Vocational Program
(22.6) ( ) Itinerant
(22.7) ( ) Homebound Instruction
(22.8) ( ) Others; List:

(22.9) ( ) School Code /_/_/_/_/_/ School Name____

(23.0) ( ) Supportive Services

(23.1) ( ) Speech Therapy
(23.2) ( ) Hearing Therapy
(23.3) ( ) Visually Handicapped Services
(23.4) ( ) Medical Treatment
(23.5) ( ) Occupational Therapy
(23.6) ( ) Physical Therapy
(23.7) ( ) Psychological Services
(23.8) ( ) Psychiatric Services
(23.9) ( ) Others; List:

(24.1) Has this person been placed in a program of education and training? ( ) Yes ( ) No

List the number(s) from (22.0) that identify the program(s).

(24.2) ___/___/___/___/___/

(24.3) ___/___/___/___/___/

(24.4) ___/___/___/___/___/

(25.0) If the person has not been placed, enter the anticipated date of placement. If there is no date known at the time this evaluation report was completed, enter "NP" (Not Placed) to the right of the space for year.

___/___ ___/___ ___/___
Month Day Year

Note: Placement must be accomplished not later than September 1, 1972.

(26.0) Is this person receiving any recommended supportive services? ( ) Yes ( ) No

(27.0) If the person is currently receiving recommended services, list the identifying numbers from (23.0) of those services.

(27.1)________ (27.3)________
(27.2)________ (27.4)________

(28.0) If no recommended services are currently provided, list the anticipated date of initiation of these services? If the date is not known, enter, "NK" (Not Known) to the right of the space for year.

___/___ ___/___ ___/___
Month Day Year

Note: Record the appropriate information (evaluation data, recommended services, school code and name, etc.) on Part III, Copy E of the Referral/Placement Master (RPM) and return copy to the IU. File this evaluation form and send a copy to the IU executive director.

____________________________Date

____
Signature

Appendix E

Due Process Stipulation

Basic Education Handbook - 131-000

Form Letter For Due Process Hearings

Notice Of Proposed Change In Education Assignment

THIS IS A NOTICE OF A RECOMMENDED CHANGE IN THE EDUCATIONAL ASSIGNMENT OF YOUR CHILD WHO IS MENTALLY RETARDED OR THOUGHT TO BE MENTALLY RETARDED. BEFORE THIS CHANGE CAN BE MADE, YOU HAVE THE RIGHT TO QUESTION THE RECOMMENDATION AT A HEARING. AS THIS NOTICE EXPLAINS, YOU HAVE THE RIGHT TO AN INDEPENDENT EVALUATION OF YOUR CHILD AND THE RIGHT TO BE REPRESENTED AT THE HEARING BY ANY PERSON OF YOUR CHOICE, INCLUDING A REPRESENTATIVE OF THE PENNSYLVANIA ASSOCIATION FOR RETARDED CHILDREN AND AN ATTORNEY.

From: ____

____
(Name and address of local school district or intermediate unit and the responsible officer)

To: ____

____
(Name and address of parent or guardian)

Concerning: (Name of Child) ______________________

Case No. ______________

Present educational assignment ______________________.

This is your official notice that ______________________

____
(School district or intermediate unit and the recommending school official)

is recommending the following change in the educational assignment of your child:

( ) 1. Regular Class (24 Purdon's Statutes 5-501)

( ) 2. Special Class (24 Purdon's Statutes 13-1372)

( ) 3. Education and training secured by the district/unit outside public school or in special institutions: Specify ______________________
(24 Purdon's Statutes 13-1372(3))

( ) 4. Tuition, maintenance grant for approved school for the brain damaged, socially or emotionally disturbed, deaf, blind, cerebral palsied, muscular dystrophied. (24 Purdon's Statutes 13-1376)

( ) 5. Homebound Instruction (24 Purdon's Statutes 2510.1)

( ) 6. Other: Specify________________________

The educational assignments numbered (1) through (5) above which have not been marked represent alternative educational opportunities which may be legally available, but are not being recommended for your child.

This recommendation is being made for the following reasons:

IF YOU ARE NOT SATISFIED with the above recommendation you are entitled by law to a FULL HEARING before the Secretary of Education, or his designee, BEFORE THE RECOMMENDATION MAY BE ACTED UPON.

If you want to have a hearing, you must return the attached form, called a "Request for Hearing" to the local school district or intermediate unit within ten (10) days of your receipt of this notice if received via certified mail. However, if form was presented to you at a conference and you desire to request a hearing and/or to change the decision you made at the conference, you must mail your request to the appropriate school official within five (5) calendar days of the conference.

FAILURE TO RETURN THIS REQUEST WILL CONSTITUTE A WAIVER OF YOUR RIGHT TO A HEARING AND WILL SIGNIFY YOUR ACCEPTANCE OF THE RECOMMENDATION MADE REGARDING THE PROPOSED CHANGE IN THE EDUCATIONAL STATUS OF YOUR CHILD.

IF YOU REQUEST A HEARING, the following procedures will be followed:

1. The hearing will be held not sooner than 15 days nor later than 30 days after our receipt of your request for a hearing.

2. The hearing will be held within your local school district and in the evening if you wish.

3. It will be an oral, personal hearing, and will be public unless you specifically request a closed hearing.

4. You have the right to examine your child's school records before the hearing, including any tests or reports upon which the recommendation may be based.

5. You have the right to present evidence of your own, including any expert medical, psychological and educational testimony you may wish to present.

6. You have the right to compel the attendance at the hearing of any school official, employee, or agent of a school district, intermediate unit or the Department of Education who may have evidence upon which the recommendation may be based and to confront and cross examine him.

7. You may be joined at the hearing by any person of your choosing such as legal counsel, a friend or relative.

8. A record of the hearing will be transcribed and will be available to you.

9. The decision of the Secretary of Education or his designee will be based solely on the evidence presented at the hearing.

10. The decision shall be made within twenty (20) days after the hearing; it will be in writing, shall contain findings of fact, conclusions of law and will be sent to you by registered mail.

11. Until the Secretary or his designee makes his decision, there will be no change in your child's educational assignment.

The Pennsylvania Association for Retarded Children is experienced in these matters and is both willing and able to provide assistance to you in pursuing the hearing. The PARC Chapter nearest to you is:

____

You are entitled under the Pennsylvania Mental Health and Mental Retardation Act to the services of your local base service unit for independent medical, psychological, and educational evaluation of your child. The evaluation will be made for a minimal or no fee. (Those making the evaluation may testify on your behalf at the hearing). The MH-MR center in your area is:

_____________________________________ (phone)_________

If you wish to be represented by a lawyer but are unable to afford one, free legal services may be available to you from_________________________ (phone)_______.

Date:

____
Signature District Superintendent or
Intermediate Unit Executive Director

(The following should be placed in a pre-addressed envelope)

REQUEST FOR HEARING

Fill in and return this form to your local school district or intermediate unit and the appropriate responsible official.

Name of Child____________________________________

Case No.____________________

Please check appropriate block:

( ) I (we) am satisfied with the recommendation for a change in the educational assignment of my (our) child and do not desire a hearing on this recommendation.

( ) I (we) am not satisfied with the recommendation for a change in the educational assignment of my (our) child and desire a hearing on this recommendation not sooner than 15 days nor later than 30 days after your receipt of this request.

State regulations provide for the hearing to be held in your local school district and that if the parents or guardian would find an evening hearing more convenient, the hearing will be held during the evening. If you desire an evening hearing, please check here ( ).

______________ ____________________________________
Date Signature(s) of Parent(s) or Guardian(s)

______________ ____________________________________
Date Signature(s) of Parent(s) or Guardian(s)

Appendix F

First Draft Questionnaire I Pilot Copy

QUESTIONNAIRE

1. You are presently (check):

   a. Principal__, b. Supervisor__, c. Teacher__,
   d. Classroom Aide__, e. Parent__, f. Other__,

   Specify______________________________

2. At the inception of the Right to Education Consent Decree, September 1972, you were:

   a. Principal__, b. Supervisor__, c. Teacher__,
   d. Classroom Aide__, e. Parent__, f. Other__,

   Specify______________________________

3. How many years experience did you have in the field of education at the inception of the Consent Decree? Year(s)______

4. How many years experience did you have in "Special Education" at the inception of the Consent Decree? Year(s)______

5. Are you certified in Special Education? Yes___ No___

6. What was your major specialty in undergraduate school?
   ____

7. What was your minor specialty in undergraduate school?
   ____

8. What was your major specialty in graduate school?
   ____

9. What was your minor specialty in graduate school?
   ____

10. Do you possess any other degree(s) related to Special Education? Yes___, No___ Specify______________
    ____

11. Do you possess any training certificate(s) related to Special Education? Yes___, No___ Specify____
    ____

12. Your attitude toward Special Education prior to the Consent Decree was: Positive__, Negative__, Mixed__

13. Your attitude toward Special Education after the Consent Decree was: Positive__, Negative__, Mixed__

14. Did you feel you were qualified to handle the requirements of the Consent Decree? Yes__, No__. If no, why not? Specify______________________________

15. Did you take any special training as a result of the Consent Decree? Yes__, No__. If yes, specify______
____

16. In the implementation of the Consent Decree what did you see as having the greatest impact? Number in the order of the greatest impact, 1 to the least impact:

a. Funding__, b. Attitude__, c. Preparation__, d. Instruction__, e. Transportation__, f. Trained Personnel__, g. Instructional Aids__, h. Facilities__, i. Proper Identification__, j. Appropriate Placement__, k. Other(s)__, Specify__________________

17. What do you presently see as the greatest need(s) in continuing the implementation of the Consent Decree? Number in the order of greatest need, 1 to the least need:

a. Funding, b. Attitude__, c. Preparation__, d. Instruction__, e. Transportation__, f. Trained Personnel__, g. Instructional Aids__, h. Facilities__, i. Proper Identification__, j. Appropriate Placement__, k. Other(s)__, Specify__________________

18. What do you see as your major duties and responsibilities as they relate to the Consent Decree?

a. Teaching and/or Training Children__, b. Assessment__, c. Placement)), d. Parental Contact__, e. Advocate__, f. Other(s)__, Specify____________
____

19. What approximate percentage of increase in costs have you personally encountered in teaching or administering to the handicapped child since the inception of the Consent Decree?

___% instructional aids (per pupil), ___% equipment (per pupil), ___% books and supplies (per pupil).

20. What is "special" about Special Education?

a. Teacher training__, b. Program__, c. Instructional aids, equipment, books and supplies__, d. Other(s)__, Specify______________________________

21. Do you feel that the services given to the mentally retarded are,

a. Adequate__, b. Somewhat adequate__, c. Inadequate___

22. Have you experienced the "mainstreaming" concept in Special Education? Yes___, No___

23. Are you in favor of "mainstreaming"?

a. Strongly in favor__, b. Somewhat in favor__, c. Not strongly in favor__

24. As a principal, how successful have your efforts been to mainstreaming?

a. Good__, b. Poor__, c. No effort__

25. What are the areas and percent of time that you have mainstreamed your pupils in regular classes?

Describe:____

26. From which teaching area in your school do you get the most resistance in developing the least restrictive alternative?

a. Academic major__, b. Academic minor__, c. Shop Programs__, d. Other(s)__, Specify________________

27. What area(s) of the Consent Decree do you feel have the greatest impact on the education of the retarded child?

a. Due Process__, b. Zero rejection__, c. Identification__, d. Placement__, e. Program__, f. Other(s) ___, Specify______________________________________

28. What area(s) of the Consent Decree do you feel have the least impact on the education of the retarded child?

a. Due Process__, b. Zero rejection__, c. Identification__, d. Placement__, e. Program__, f. Other(s) ___, Specify______________________________________

29. Are you in favor of parent training as part of the implementation of the Consent Decree? Yes__ No__

30. To what degree are you in favor of parent involvement?

a. Strongly__, b. Somewhat strongly__, c. Not strongly__

31. In what areas do you favor parent involvement?

a. Program__, b. Curriculum__, c. Teacher selection__, d. Teacher rating__, e. Classroom aides__, f. Parent organization support__, Other(s)____, Specify____

32. Do you feel parents have: a. Too much__, b. Little ___, c. Too little__, involvement under the Consent Decree?

33. What affects have parental involvement under the Consent Decree had on the educational process of your school? Explain____________________________

34. Do you feel that the Consent Decree has made unfair demands on School District Eight? Yes__, No__

35. Do you feel that the impact of the Consent Decree is:

a. Too costly__, b. Costly__, c. Not costly__, d. Inexpensive__

36. What area(s) of the implemented Consent Decree are the most costly?

a. Facilities__, b. Salaries__, c. Equipment__,
d. Instructional aids__, e. Ancillary services__,
f. Staff development__, g. Transportation__,
h. Other(s)__, Specify____________________________

37. What area(s) of the implemented Consent Decree should receive the most funding?

a. Facilities__, b. Salaries__, c. Equipment__,
d. Instructional aids__, e. Ancillary services__,
f. Staff Development__, g. Transportation__,
h. Other(s)__, Specify____________________________

38. If you do not feel we have adequate programming for the mentally retarded then where are we deficient? Explain:____

39. As a principal, what additional duties has the Consent Decree imposed upon you? Please list 3 in rank order: 1.________________ 2.____________
3.____________________________

40. How have these duties affected the program of your school?

    a. Taken time from regular programming__, b.Time about the same as before__, c. Allowed for expanded program with no problems__

41. What supportive services would help make the implementation of the Consent Decree successful? Explain:____

42. How do you perceive your role in helping to implement the development of programs in the schools?

    a. Much__, b. Little__, c. None__

43. As a principal, what approximate percentage of increase in your Special Education expenditures did you experience since the inception of the Consent Decree? __________%

44. As a principal, supervisor, director or other administrator, what percentage of your schedule has been devoted to the Consent Decree _____%

45. What are some of the roadblocks you see in quick implementation of programs under the Consent Decree? List 3 in rank order, 1.________________
2.________________________ 3.____________________

46. In rank order, 1-4, who is the important force in the development of educational plans?

    a. Parent__, b. Principal__, c. Supervisor__,
    d. Teacher__, e. Other(s)________________________
    Specify____________________________________

47. Due process must be given to all exceptional children coming to a school. For the most part, have all the pupils in your school who come under the Consent Decree been afforded Due Process? Yes__, No__. If not, explain:____________________________
____

48. The records of pupils in Special Classes must be available to the parents upon formal request. If you are an administrator or teacher, what process have you initiated to comply with this section of the Consent Decree? Explain:____________________

    ____

49. Has the Consent Decree resulted in many changes in the way you administer your school, supervise, teach children, or parent your child? Explain:

    ____

    ____

50. What staff development or workshops have been provided for you related to the Consent Decree?

    a. Sufficient amount__, b. Little__, c. Very little ___, d. None___

51. Has the amount of community involvement: a. increased__, b. decreased__, since the inception of the Consent Decree?

52. What affect has the Consent Decree had on the total plan of your school with regard to curriculum?

    a. Sufficient amount__, b. Little__, c. Very little__, d. None__

53. Have you found that as a result of the Consent Decree, identification of the handicapped has improved and more proper placements are being made? Yes___, No___

54. What resources have been of most value to you in preparing for the implementation of the Consent Decree?

    a. State Bureau of Special Education__, b. Philadelphia Division of Special Education__, c. District Office Eight__, d. Regional Resource Center ___, e. Base Service Unit__, f. Other(s)____, Specify____

55. How effective is the role of the Special Education Local Task Force in the implementation of the Consent Decree?

    a. Very effective__, b. Slightly effective__, c. Not effective___

56. Do you think the quality of education for the handicapped child has surpassed that given to the regular grade child? Yes__, No__. Explain:

57. Do you think there is a certain amount of built-in accountability for the Special Educator and not for the regular grade educator? Yes__, No__. Explain:

58. Since the Consent Decree was implemented, have the programs for the mentally retarded in District Eight schools:

a. Improved greatly__, b. Improved slightly__,
c. No improvement__

59. Additional comments, remarks and/or opinions you may wish to make:

60. It is not imperative that you supply your name, etc., below, but if you are interested in having me send you the tabulated results of the questionnaire then fill in the information requested in the blank spaces below.

Last Name First Name Middle or Maiden Name

Mailing Address City or Town State Zip Code

Appendix G

Cover Letter for Final Questionnaire

Dear

The Pennsylvania Right to Education Consent Decree of 1972, from its moment of inception, has had a tremendous impact on the School District of Philadelphia. During my years as a supervisor of Special Education, I have been involved in the many program aspects of the mentally retarded. The Consent Decree added many new dimensions to my areas of responsibility, and the implications for the school system were multitudinous. I have become increasingly concerned and involved in the impact of the Consent Decree on District Eight, where I am the supervisor.

I plan to evaluate the impact of the Right to Education Consent Decree on School District Eight.

In order for me to put the study in its true perspective, I am distributing the attached survey to a randomly selected number of educators, paraprofessionals, mental retardation personnel (base service units, agency programs, advocate groups), and parents. The results of the questionnaire will provide background data from which recommendations will be made.

All information submitted will be kept strictly confidential and each individual's anonymity will be preserved.

I have enclosed a self-addressed envelope for your convenience. Kindly return the completed questionnaire by________________________________.

Sincerely,

/s/ William J. Deery, Jr.
Supervisor, Special Education
District Eight Office
4800 Grant Avenue
Philadelphia, PA 19114

Appendix H

Final Questionnaire I

Questionnaire I

1. You are presently (check):
   - a. Principal__
   - b. Supervisor__
   - c. Teacher__
   - d. Classroom Aide__
   - e. Parent__
   - f. Other___

Specify____

2. At the inception of the Right to Education Consent Decree, September 1972, you were:
   - a. Principal__
   - b. Supervisor__
   - c. Teacher__
   - d. Classroom Aide__
   - e. Parent__
   - f. Other__

Specify____

3. How many years experience did you have in the field of education at the inception of the Consent Decree? Year(s)_____

4. How many years experience did you have in "Special Education" at the inception of the Consent Decree? Year(s)_____

5. Are you certified in Special Education? Yes__, No__

6. What was your major specialty in undergraduate school? ________________________________

7. What was your minor specialty in undergraduate school?_________________________________

8. What was your major specialty in graduate school?

   ____

9. What was your minor specialty in graduate school?

   ____

10. Do you possess any other degree(s) related to Special Education? Yes__, No__. Specify__________

    ____

11. Do you possess any other degree(s) related to Special Education? Yes__, No__. Specify______
____

12. Your attitude toward Special Education prior to the Consent Decree was: Positive__, Negative__, Mixed__

13. Your attitude toward Special Education after the Consent Decree was: Positive__, Negative__, Mixed__

14. Did you feel you were qualified to handle the requirements of the Consent Decree? Yes__, No__. If not, why not? Specify____________________

15. Did you take any special training as a result of the Consent Decree? Yes__, No__. If yes, specify
____

16. In the implementation of the Consent Decree what have you seen as having the greatest impact? Number in the order of the greatest impact, 1 to least impact:

    a. Funding__
    b. Attitude__
    c. Preparation__
    d. Instruction__
    e. Transportation__
    f. Trained Personnel__
    g. Instructional Aids__
    h. Facilities__
    i. Proper Identification___
    j. Appropriate Placement___
    k. Other(s)___

Specify____

17. What do you see as your major duties and responsibilities as they relate to the Consent Decree?

    a. Teaching and/or training children___
    b. Assessment___
    c. Placement___
    d. Parental Contact___
    e. Advocate___
    f. Other(s)___

Specify____

18. What approximate percentage of increase in costs have you experienced administering to the retarded child since the inception of the Consent Decree?

____% instructional aids (per pupil)
____% equipment (per pupil)
____% books and supplies (per pupil)

19. Do you feel that the services given to the mentally retarded are:

a. Adequate__, b. Somewhat adequate__, c. Inadequare___

20. What area(s) of the Consent Decree do you feel has (have) the least impact on the education of the retarded child?

a. Due Process__
b. Zero rejection__
c. Identification__
d. Placement__
e. Program__
f. Other(s)__

Specify____

21. What area(s) of the Consent Decree do you feel has (have) the greatest impact on the education of the retarded child?

a. Due Process__
b. Zero rejection__
c. Identification__
d. Placement__
e. Program__
f. Other(s)__

Specify____

22. Are you in favor of parent training as part of the implementation of the Consent Decree? Yes__, No__

23. To what degree are you in favor of parent involvement?

a. Strongly__, b. Somewhat strongly__, c. Not strongly___

24. In what areas do you favor parent involvement?

a. Program__
b. Curriculum__
c. Teacher selection__
d. Teacher rating__
e. Classroom aides__
f. Parent organization support___
g. Other(s)___

Specify____

25. Do you feel parents have: a. too much__, b. little ___, c. too little___involvement under the Consent Decree?

26. What impact has parental involvement under the Consent Decree had on the educational process of your school? Explain:______________________________

27. Do you feel that the impact of the Consent Decree is: a. Too costly__, b. Costly__, c. Not costly__, d. Inexpensive___

28. If you do not feel we have adequate programming for the mentally retarded then where are we deficient? Explain:______________________________

29. What supportive services would help make the implementation of the Consent Decree successful? Explain:______________________________

30. How do you perceive your role in helping to implement the development of programs in the schools?

a. Much__, b. Little__, c. None__

31. What are some of the roadblocks you see in quick implementation of programs under the Consent Decree? List 3 in rank order:

1.__________________________, 2.__________________

3.__________________________

32. In rank order, 1-4, who is the important force in the development of educational plans?

a. Parent___
b. Principal___
c. Supervisor___
d. Teacher___
e. Other___
Specify_______________

33. Due process must be given to all exceptional children coming to a school. For the most part, have all the pupils in your school who come under the Consent Decree been afforded Due Process?

Yes__, No__. If not, explain:____________________

34. Have you been directly involved in a Due Process Hearing?

Yes___, No___

35. The records of pupils in Special Classes must be available to the parents upon formal request. If you are an administrator or teacher, what process have you initiated to comply with this section of the Consent Decree. Explain:____________________ .

36. Approximately what percentage of your school day is devoted to record keeping. _____%

37. Has the Consent Decree resulted in many changes in the way you administer your school, supervise, teach children, or parent your child? Explain:

____

38. What staff development or workshops have been provided for you related to the Consent Decree?

a. Sufficient amount___, b. Little___, c. Very Little___, d. None___

39. Has the amount of community involvement:

a. Increased___, b. Decreased___, since the inception of the Consent Decree?

40. What affect has the Consent Decree had on the total plan of your school with regard to curriculum? a. Sufficient amount__, b. Little__, c. Very little__, d. None__

41. Have you found that as a result of the Consent Decree, identification of the retarded has improved and more proper placements are being made? Yes___, No____

42. What resources have been of most value to you in preparing for the implementation of the Consent Decree?

a. State Bureau of Special Education___
b. Philadelphia Division of Special Education___
c. District Office Eight___
d. Regional Resource Center___
e. Base Service Unit___
f. Other(s)___

Specify____

43. How effective is the role of the Special Education Local Task Force in the implementation of the Consent Decree?

a. very effective__, b. slightly effective__,
c. not effective___

44. Do you think there is a certain amount of built-in accountability for the Special Educator and not for the regular grade educator? Yes__, No__.
Explain:____

45. Since the Consent Decree was implemented, have the programs for the mentally retarded in your school: a. Improved greatly__, b. Improved slightly__, c. No improvement___

46. As a parent and/or agency, what impact have you had on the schools under the Consent Decree?

a. Too much___, b. Little, c. Too little___

PLEASE NOTE: The following questions, numbers 47 to 53, are to be answered by Principals and/or Administrators, only.

47. Do you feel that the Consent Decree has made unfair demands on School District Eight? Yes__, No___

48. What area(s) of the implemented Consent Decree is (are) the most costly?

a. Facilities___
b. Salaries___
c. Equipment___
c. Instructional aids___
e. Ancillary services__
f. Staff development__
g. Transportation__
h. Other(s)___

Specify____

49. What area(s) of the implemented Consent Decree should receive the most funding?

a. Facilities___
b. Salaries___
c. Equipment___
d. Instructional aids___
e. Ancillary services__
f. Staff development___
g. Transportation___
h. Other(s)___

Specify____

50. As a principal, what additional duties has the Consent Decree imposed upon you? Please list 3 in rank order: 1.________________, 2.______________,
3.__________________________

51. How have these duties affected the program of your school?

    a. Taken time from regular programming___
    b. Time about the same as before___
    c. Allowed for expanded program with no problems ___

52. As a principal, supervisor, director or other administrator, what percentage of your schedule has been devoted to the Consent Decree? _____%

53. Do you think the over-all quality of education for the retarded child has surpassed that given to the regular grade child?

    Yes___, No___. Explain:___________________________
    ____

54. Additional comments, remarks and/or opinions you may wish to make. Parents and non-school personnel please pay particular attention to this area.

55. It is not imperative that you supply your name, etc., below, but if you are interested in having me send you the tabulated results of the questionnaire then fill in the information requested in the blank spaces below. Thank you!

Last Name	First Name	Middle or Maiden Name

Mailing Address	City or Town	State	Zip Code

____
Phone Number

Appendix I

A Model Designed to Meet the Impact of the Pennsylvania Right to Education Consent Decree for the Mentally Retarded

Please circle the number which indicates how you feel about each statement.

5	4	3
Extremely Important	Very Important	Moderately Important
2	**1**	**NA**
Of some Importance	Of no Importance	Not applicable

Area I - Background of Administrators, Supervisors, Teachers, and Classroom Aides

Evaluation	Item
5 4 3 2 1 NA	1. Teachers and classroom aides need a minimum of 5 years experience in the field of regular education to prepare for the Consent Decree.
5 4 3 2 1 NA	2. Administrators and supervisors need a minimum of 14 years experience in the field of regular education to prepare for the Consent Decree.

Evaluation	Item
5 4 3 2 1 NA	3. Teachers and classroom aides need a minimum of 3 years experience in the field of special education to prepare for the Consent Decree.
5 4 3 2 1 NA	4. Administrators and supervisors need a minimum of 7 years experience in the field of special education to prepare for the Consent Decree.
5 4 3 2 1 NA	5. Administrators, supervisors and teachers should be certified in special education to prepare for the Consent Decree.
5 4 3 2 1 NA	6. Administrators, supervisors and teachers should have majored in regular education in undergraduate school to prepare for the Consent Decree.
5 4 3 2 1 NA	7. Administrators, supervisors and teachers should have majored in special education in undergraduate school to prepare for the Consent Decree.

Evaluation	Item
5 4 3 2 1 NA	8. Administrators, supervisors and teachers should have majored in special education in graduate school to prepare for the Consent Decree.
5 4 3 2 1 NA	9. Minoring in special education at a graduate or undergraduate level is necessary for administrators, supervisors and teachers to prepare for the Consent Decree.

Area II - Personnel Duties and Responsibilities

Evaluation	Item
5 4 3 2 1 NA	1. Regular/ongoing parental contact is the most important responsibility of the special educator to the mentally retarded under the Consent Decree.
5 4 3 2 1 NA	2. Record keeping by special educators will be minimal.
5 4 3 2 1 NA	3. Staff development programs for special education personnel must be held regularly.
5 4 3 2 1 NA	4. Accountability is an inherent aspect of the position of special educator under the Consent Decree.

Area III - Programming

Evaluation	Item
5 4 3 2 1 NA	1. Adequate funding is necessary for proper Consent Decree programming.
5 4 3 2 1 NA	2. Vocational training should have high priority in programming for the mentally retarded.
5 4 3 2 1 NA	3. Appropriate placement and program are two areas of greatest importance in the education of the mentally retarded.
5 4 3 2 1 NA	4. Teachers and classroom aides will play a major role in implementing the program for the mentally retarded.
5 4 3 2 1 NA	5. Parents will play a major role in implementing the program for the mentally retarded.
5 4 3 2 1 NA	6. No untrained personnel will be allowed to participate in programs under the Consent Decree.
5 4 3 2 1 NA	7. The classroom teacher will be a prime force in the development of special education plans for the mentally retarded.

Area IV - Services

Evaluation	
5 4 3 2 1 NA	1. It is imperative to have speech therapy as a supportive service in the implementation of the Consent Decree.
5 4 3 2 1 NA	2. It is imperative to have physical therapy as a supportive service in the implementation of the Consent Decree.
5 4 3 2 1 NA	3. It is imperative to have occupational therapy as a supportive service in the implementation of the Consent Decree.
5 4 3 2 1 NA	4. The School District of Philadelphia's Division of Special Education should be the prime resource in the implementation of the Consent Decree.

Area V - Costs

Evaluation	Item
5 4 3 2 1 NA	1. Staff development is an element that must be factored into any consideration of Consent Decree implementation.

Evaluation	Item
5 4 3 2 1 NA	2. Ancillary services is an element that must be factored into any consideration of Consent Decree implementation.
5 4 3 2 1 NA	3. Facilities is an element that must be factored into any consideration of Consent Decree implementation.
5 4 3 2 1 NA	4. Salaries is an element that must be factored into any consideration of Consent Decree implementation.
5 4 3 2 1 NA	5. Equipment is an element that must be factored into any consideration of Consent Decree implementation.
5 4 3 2 1 NA	6. Instructional aids is an element that must be factored into any consideration of Consent Decree implementation.
5 4 3 2 1 NA	7. Transportation is an element that must be factored into any consideration of Consent Decree implementation.

Area VI - Parent and Community Involvement

Evaluation	Item
5 4 3 2 1 NA	1. Parent involvement should be made an integral part of the implementation of the Consent Decree.
5 4 3 2 1 NA	2. Community involvement has substantially increased since the inception of the Consent Decree.
5 4 3 2 1 NA	3. Parent training should be made an integral part of the implementation of the Consent Decree.
5 4 3 2 1 NA	4. Parent involvement should be made part of the implementation of the Consent Decree in the area of parent organizations.
5 4 3 2 1 NA	5. Parent involvement should be made part of the implementation of the Consent Decree in the area of programming.
5 4 3 2 1 NA	6. Parent involvement should be made part of the implementation of the Consent Decree in the area of curriculum development.

Area VII - Due Process

Evaluation	Item
5 4 3 2 1 NA	1. Due process must be afforded to all mentally retarded children under the Consent Decree.
5 4 3 2 1 NA	2. Classroom teachers should be required to attend due process hearings when they have had contact with the mentally retarded child to be given placement.
5 4 3 2 1 NA	3. All pupil records for the mentally retarded must be centrally located in the school of attendance and available to parents on request.
5 4 3 2 1 NA	4. The processes of identification and proper placement for the mentally retarded are imperative.

Bibliography

Abeson, A., & Ballard, J. State and federal policy for exceptional children. In F. J. Weintraub (Ed.), Public policy and the education of exceptional children, *The Council for Exceptional Children*, 1976, 378 pp.

Baum, G. *Man becoming*. New York: Herder & Herder, 1971.

Bolick, N. State statutory law. In F. J. Weintraub (Ed.), Public policy and the education of exceptional children. *The Council for Exceptional Children*, 1976, p. 217.

Buchanan, R., & Strully, J. The status of right to education after four years, *Position Paper*, May 5, 1976, Pennsylvania Association for Retarded Citizens.

Beidoff, M. Engendering change in special education practices, *Harvard Educational Review*, November 1975, *45*(4).

Coughlin, T. Programs for the profoundly and severely retarded, *Hospital and Community Psychiatry*, September 1978, 29(9), 596-602.

Education of the Handicapped. Washington, D.C.: Capitol Publications, November 22, 1978, 4(24), 4.

Education of the Handicapped. Washington, D.C. Capitol Publications, December 6, 1978, 4(25), 7.

Education of the Handicapped. Washington, D.C.: Capitol Publications, December 20, 1978, 4(26), 5.

Forsythe, P. G. Progress for the severely handicapped, pp. 147-8-9. In F. J. Weintraub (Ed.), Public policy and the education of exceptional children, The Council for Exceptional Children, 1976, 378 pp.

Gelman, S. R. The social policy implications of periodic review, American Rehabilitation, July, August 1976, p. 28.

Gilhool, T. K. Education: an inalienable right, Exceptional Children, May 1973, pp. 597-609.

Goodman, L. A bill of rights for the handicapped, American Education, June 1976.

Kimball, W. L. Children's services in Massachusetts, annual report 1974. Boston: Massachusetts State Office for Children.

Kuriloff, P., Truce, R., Kirp, D., & Buss, W. Legal reform and educational change: the Pennsylvania case, Exceptional Children, September 1974, 41(1), pp. 35-42.

Lent, J. The severely retarded: are we really programming for their future, Focus on Exceptional Children, March 1975, 7(1), 11.

Lippman, L., & Goldberg, I. Right to Education. New York: Teachers College, Columbia University, 1973.

Maddock, J. The future without history: youth's crises of commitment, Religious Education, January, February 1976, 71, 5-16.

Mainstreaming: helping teachers meet the challenge, National Advisory Council on Education Professions Development. Washington, D.C.: Author, 1978.

Marinelli, J. J. Financing the education of exceptional children, pp. 153-70. In F. J. Weintraub (Ed.), Public policy and the education of exceptional children, The Council for Exceptional Children, 1976, 378 pp.

McCarthy, D. Potential pitfalls in the implementation of 94-142. Mesa, Arizona: National Association of Pupil Personnel Administrators (NAPPA) News, 1977.

Mental Retardation News, 1974, 23(1).

New help for the retarded. U.S. News and World Report, May 6, 1974, 76, 41.

Office of the Attorney General, Commonwealth of Pennsylvania, Official Opinion, No. 35 and No. 53, 1973.

Pennsylvania Federation Council for Exceptional Children, the Executive Committee, a position definition, mainstreaming, Report on Education Research, October 22, 1975

Policy statements on the education of mentally retarded children, National Association for Retarded Children, April 1971, pp. 1-10.

PRISE Reporter, No. 5. King of Prussia, Pa.: *Pennsylvania Resources and Information Center for Special Education*, September 1973.

Russo, T., & Stark, N. B. Teacher certification trends, *Mental Retardation*, October 1976, pp. 24-26.

Scheerenberger, R. A 1978 survey of public residential facilities for the mentally retarded. In T. Coughlin, Programs for the profoundly and severely retarded, *Hospital and Community Psychiatry*, September 1978, *29*(9), 596-602.

School District of Philadelphia. *Odell Report*. February 1965, p. 248.

Sheldon, J., & Sherman, J. A. The right to education for the retarded, *Journal of Education*, August 1974, *156*(3).

Sosnowsky, W. P., & Coleman, T. W. Special education in the collective bargaining process, p. 371. In F. J. Weintraub (Ed.), Public policy and the education of exceptional children, *The Council for Exceptional Children*, 1976, 378 pp.

Theimer, R., & Reipiper, O. Special education litigation and school psychology, *Journal of School Psychology*, Winter 1975, 13(4), 324-34.

Turnbull, H. R. Accountability: an overview of the impact of litigation on professionals, pp. 366-67. In F. J. Weintraub (Ed.), Public policy and the education of exceptional children, The Council for Exceptional Children, 1976, 378 pp.

U.S. Congress, Education for all Handicapped Children Act, 1973-74, Part 4. Hearings before the Subcommittee on the Handicapped of the Committee on Labor and Public Welfare. 93rd Congress, June 1974.

U.S. Government Printing Office. President's Committee on Mental Retardation, Mental retardation: century of decision. Washington, D.C.: Author, 1976, 156 pp.

U.S. Senate Hearings on the Handicapped, 1974.

Weintraub, F. J. Public policy and the education of exceptional children, The Council for Exceptional Children, 1976, 378 pp.